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Commission on Population and Development
Forty-seventh session
7-11 April 2014
Item 2 of the provisional agenda*
Adoption of the agenda and other organizational matters

Provisional agenda

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development.
4. General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development.
5. General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2014.
6. Programme implementation and future programme of work of the Secretariat in the field of population.
7. Provisional agenda for the forty-eighth session of the Commission.
8. Adoption of the report of the Commission on its forty-seventh session.

Annotations

1. Election of officers

Rule 15 of the rules of procedure of the functional commissions of the Economic and Social Council stipulates that the Commission shall elect, from among the representatives of its members, a Chair, one or more Vice-Chairs and such other officers as may be required.

* E/CN.9/2014/1.

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In accordance with Council decision 2005/213, the Commission, immediately following the closure of its forty-sixth session, held the first meeting of its forty-seventh session for the sole purpose of electing the new Chair and other officers of the Commission. The Commission elected Gonzalo Koncke (Uruguay) as Chair and Fatou Isidora Mara Niang (Senegal), Elene Agladze (Georgia) and Eva Raabyemagle (Denmark) as Vice-Chairs.

The Commission deferred the election of the Vice-Chair, whose candidature was to be submitted by the Chair of the Group of Asia-Pacific States, with the understanding that, upon nomination, the candidate would be invited to participate fully in the meetings of the Bureau prior to his or her formal election.

The membership of the Commission at its forty-seventh session is provided in the annex.

2. Adoption of the agenda and other organizational matters

Rule 7 of the rules of procedure of the functional commissions of the Economic and Social Council requires that the Commission shall, at the beginning of each session, adopt the agenda for that session on the basis of the provisional agenda.

On the recommendation of the Commission at its forty-sixth session, the Council, in its decision 2013/237 (see A/68/3, chap. X.H), approved the provisional agenda and documentation for the forty-seventh session of the Commission.

At its thirtieth session, the Commission decided to authorize its Bureau to hold intersessional meetings in preparation for its sessions on a yearly basis (see E/1997/25, para. 52). At its thirty-ninth session, in its resolution 2006/1 (see E/2006/25, chap. I.B), the Commission requested its Bureau to meet as frequently as necessary in preparation for its annual sessions. The Commission has before it the report of the Bureau on its intersessional meetings.

Documentation

Provisional agenda (E/CN.9/2014/1)

Report of the Bureau of the Commission on Population and Development on its intersessional meetings (E/CN.9/2014/2)

Note by the Secretariat on the organization of work of the session (E/CN.9/2014/L.1)

3. Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

In its resolution 49/128, in which it endorsed the recommendations of the International Conference on Population and Development, the General Assembly decided that the Commission, as a functional commission assisting the Economic and Social Council, would monitor, review and assess the implementation of the Programme of Action of the Conference at the national, regional and international levels and advise the Council thereon.

In the terms of reference of the Commission (see E/1995/27, annex I, sect. I.A), which were endorsed by the Council in its resolution 1995/55, the Commission was called upon to adopt a topic-oriented and prioritized multi-year programme. That work programme would, inter alia, provide a framework for assessing the progress achieved in the implementation of the Programme of Action. In its report on its twenty-eighth session, of which the Council took note in its decision 1995/236, the Commission called for the preparation of annual reports on a selected topic of the Programme of Action (see E/1995/27, annex I, sect. III).

At its twenty-first special session, the General Assembly, in its resolution S-21/2, adopted the key actions for the further implementation of the Programme of Action. In its decision 2011/101 (see E/2011/25, chap. I.B), the Commission, in accordance with the guidance provided by the Assembly in its resolution 65/234, decided that the forty-seventh session in 2014 would be devoted to an assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development.

Documentation

Report of the Secretary-General on world demographic trends (E/CN.9/2014/3)

Report of the Secretary-General on the framework of action for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014 (E/CN.9/2014/4)

4. General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

The Commission has concluded that it would be useful to make provision in its agenda for a general debate on population matters relating to the theme of the Commission session. Under this item, Governments would report on national experience in meeting the goals and objectives set out in the Programme of Action of the International Conference on Population and Development.

5. General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2014

At its forty-first session, the Commission heard an address by the President of the Economic and Social Council on the various ways in which the Commission might contribute to the new mandates of the Council, in particular the annual ministerial review (see E/2008/25, chap. V). In response, the Commission added this item to its annual agenda. At its forty-seventh session, the Commission will discuss the contributions it could make to the annual ministerial review that the Council will conduct in 2014 on the theme "Addressing ongoing and emerging challenges for meeting the Millennium Development Goals in 2015 and for sustaining development gains in the future". The Bureau of the Commission decided to invite the President of the Council to address the Commission under this item in order to launch a discussion on the relevance of population trends to the theme of the 2014 annual ministerial review.

6. Programme implementation and future programme of work of the Secretariat in the field of population

At its twenty-eighth session, the Commission suggested that the work programme in the field of population should continue, inter alia, to give high priority to the monitoring of population trends and policies and include the biennial preparation of estimates and projections of global, national, urban, rural and city populations; the conduct of studies on population and related development policies; the preparation of studies on interactions of population change with other development processes; the conduct of analyses of mortality; contribution to and coordination of in-depth studies on fertility, nuptiality and reproductive rights and health, including family planning; the conduct of studies to improve the understanding of the causes and consequences of internal migration and international migration; increasing public awareness of and information exchange on population and development issues; making the necessary arrangements for coordinating the review and appraisal of the Programme of Action; and the provision of technical cooperation support to developing countries, particularly the least developed countries, and, on a temporary basis, to countries with economies in transition in the light of the economic and social problems that those countries faced at that time (see E/1995/27, annex II). The Commission reaffirmed the content of the work programme at its twenty-ninth session (Commission resolution 1996/1, see E/1996/25, chap. I.C).

At its thirtieth session, the Commission stressed the importance of continuing the basic work of the Population Division of the Secretariat on the crucial underpinnings of population estimates and projections; basic population trends and issues, including fertility, mortality, migration and patterns of rural and urban population change; the evolution of population policies; and understanding of the links between population and development (Commission resolution 1997/3, see E/1997/25, chap. I.C). At its thirty-seventh session, the Commission reaffirmed the importance of the work of the Population Division in providing the United Nations system and the international community with comprehensive and scientifically sound inputs for the analysis of progress made in achieving the goals and objectives on population and development set in the outcomes of major United Nations summits and conferences, especially the Programme of Action of the International Conference on Population and Development, the key actions for its further implementation and the Declaration of Commitment on HIV/AIDS (Commission resolution 2004/1, see E/2004/25, chap. I.B). At the same session, the Commission further emphasized that the Population Division should continue basic work on population estimates and projections; patterns of rural and urban population change; the analysis of international migration; the implications of the changing age structure of the population for development; the increasing diversity of fertility and mortality levels and trends; the interrelations among population, resources, the environment and development; and the evolution of population policies, applying a gender perspective in this regard (Commission resolution 2004/1).

As indicated in the biennial programme plan and priorities for the period 2014-2015 (see A/67/6/Rev.1, programme 7), the objective of the subprogramme on population is to strengthen the international community's capacity to effectively address current and emerging population issues and to integrate the population dimensions into the international development agenda. In paragraph 7.11 of the strategic framework, the Population Division was designated as the entity responsible for the subprogramme and the Division was mandated to achieve that objective by: (a) providing

substantive support to United Nations bodies, especially to the Commission on Population and Development, and assessing progress made in the implementation of the Programme of Action of the International Conference on Population and Development and the achievement of the internationally agreed development goals, including the Millennium Development Goals; and facilitating the successful outcome of the events called for in General Assembly resolution 65/234 to assess the status of implementation of the Programme of Action and to renew political support for actions required for the full achievement of its goals and objectives, in the light of the twentieth anniversary of the International Conference on Population and Development; (b) facilitating the discussion of key or emerging population issues by experts or Government representatives; (c) preparing comprehensive and sex-disaggregated studies on population issues and population trends relating to fertility, mortality, international and internal migration, HIV/AIDS, urbanization, population growth, population ageing, population prospects, population policy and population in relation to development; (d) disseminating population information and policy-relevant findings in the area of population, in particular through the Population Division websites; and (e) supporting capacity development to address population issues through workshops or the dissemination of technical material, such as manuals and software, in collaboration with other subprogrammes and entities in related areas, so as to create synergies.

The Commission has before it for consideration the relevant section of the proposed strategic framework for the period 2016-2017 (subprogramme 5, Population, of programme 7, Economic and social affairs). The Commission is invited to review the proposal and provide its comments thereon.

Documentation

Report of the Secretary-General on programme implementation and progress of work in the field of population in 2013 (E/CN.9/2014/5)

Note by the Secretary-General on the proposed strategic framework for the period 2016-2017: subprogramme 5, Population, of programme 7, Economic and social affairs (E/CN.9/2014/CRP.1)

7. Provisional agenda for the forty-eighth session of the Commission

In accordance with rule 9 of the rules of procedure of the functional commissions of the Economic and Social Council, the Commission has before it the draft provisional agenda for its forty-eighth session, together with an indication of the documents to be submitted under each item and the legislative authority for their preparation, in order to enable the Commission to consider those documents from the point of view of their contribution to the work of the Commission and their urgency and relevance in the light of the current situation.

The attention of the Commission is drawn to Council resolutions 1979/41 and 1981/83 on the control and limitation of documentation. In addition, the Commission is reminded that the Council, in paragraph 1 (j) of its resolution 1982/50 on the revitalization of the Council, urged all its subsidiary bodies to exercise the utmost restraint in making requests of the Secretary-General for new reports and studies and to implement fully the provisions of the decisions of the Council and of the General Assembly with respect to the control and limitation of documentation.

The attention of the Commission is also drawn to paragraph 4 of the annex to Council resolution 1982/50, in which the Secretary-General recommended that: (a) the documentation and programme of work of the subsidiary bodies of the Council and the Assembly be streamlined in order to enable the subsidiary bodies to perform effectively the functions entrusted to them; (b) the Council and the Assembly continue to review the provisional agendas for their subsidiary bodies, together with the list of requested documentation, in order, inter alia, to establish greater consistency in the overall request for documentation and its orderly consideration at the intergovernmental level, taking fully into account the medium-term plan and the programme budget; and (c) in doing so, the Council and the Assembly also take into account the need for the consolidation of items and documentation for their subsidiary machinery.

Furthermore, in its resolution 1981/83, the Council instructed its subsidiary bodies to take urgent measures to streamline their agendas and programmes of work and to bring about a substantial reduction in their requests for documents, bearing in mind the duration and the cycles of their meetings, and to report to the Council on measures adopted, taking strictly into account the guidelines set forth in the pertinent resolutions and decisions of the Council and the Assembly.

In decision 1983/163, the Council requested the Secretary-General: (a) to bring to the attention of intergovernmental and expert bodies, before decisions were adopted, any request for documentation that exceeded the ability of the Secretariat to prepare and process on time and within its approved resources; and (b) to draw the attention of intergovernmental bodies to areas where duplication of documentation was likely to occur and/or where opportunities for integrating or consolidating documents that dealt with related or similar themes might exist, with a view to rationalizing documentation.

Documentation

Note by the Secretariat containing the draft provisional agenda for the forty-eighth session of the Commission (E/CN.9/2014/L.2)

8. Adoption of the report of the Commission on its forty-seventh session

In accordance with rule 37 of the rules of procedure of the functional commissions of the Economic and Social Council, the Commission shall submit a report to the Council on the work of each session.

Annex

Membership of the Commission on Population and Development at its forty-seventh session (2014)

(47 members; four-year term)

	Term expires at close of session in the year
Algeria	2015
Angola	2014
Bangladesh	2017
Belgium	2017
Brazil	2017
Chad	2017
China	2014
Denmark	2017
Ecuador	2015
Egypt	2016
El Salvador	2015
Gabon	2015
Georgia	2015
Ghana	2014
Guatemala	2014
Hungary	2014
India	2014
Iran (Islamic Republic of)	2015
Jamaica	2014
Japan	2016
Luxembourg	2014
Madagascar	2017
Malawi	2014
Malaysia	2014
Mexico	2017
Netherlands	2017
Norway	2016
Oman	2017
Philippines	2014
Portugal	2015
Republic of Moldova	2016
Romania	2017
Russian Federation	2014
Saint Lucia	2014
Senegal	2014

	Term expires at close of session in the year
Spain	2016
Switzerland	2017
Turkmenistan	2015
Uganda	2016
United Kingdom of Great Britain and Northern Ireland	2018
United Republic of Tanzania	2016
United States of America	2018
Uruguay	2017

Note: At its 51st meeting, on 7 November 2013, the Economic and Social Council postponed the election of three members from the Group of Asia-Pacific States, two members from the Group of Eastern European States, three members from the Group of Latin American and Caribbean States and one member from the Group of Western European and other States for a four-year term beginning at the first meeting of the Commission's forty-eighth session, in 2014, and expiring at the close of the Commission's fifty-first session, in 2018 (see decision 2013/201 B). Also at the same meeting, the Council further postponed the election of one member from the Group of Asia-Pacific States and one member from the Group of Latin American and Caribbean States, both for terms beginning on the date of election and expiring at the close of the Commission's forty-ninth session, in 2016, as well as the election of one member from the Group of African States and one member from the Group of Asia-Pacific States, all for terms beginning on the date of election and expiring at the close of the Commission's fiftieth session, in 2017 (see decision 2013/201 E).

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Adoption of the agenda and other organizational matters

Report of the Bureau of the Commission on Population and Development on its intersessional meetings

I. Introduction

1. At its thirtieth session, in 1997, the Commission on Population and Development authorized its Bureau to hold intersessional meetings in preparation for its sessions on a yearly basis (E/1997/25, para. 52). The Commission subsequently stressed the importance of making available written reports on those meetings at the earliest opportunity (see Commission decision 2005/2) and requested its Bureau to meet as frequently as necessary in preparation for the annual sessions of the Commission (see Commission resolution 2006/1). In accordance with Commission resolution 2006/1, the Bureau held three meetings between September 2013 and January 2014. The three meetings were held at Headquarters on the following dates: 12 September 2013, 22 November 2013 and 15 January 2014.

2. The first two meetings of the Bureau were attended by the Chair, Mr. Gonzalo Koncke Pizzorno (Uruguay), Mr. Jens Ole Bach Hansen (Denmark), Ms. Nino Shekriladze (Georgia), Mr. Mamadou Mbodj (Senegal) and Mr. Katsuhiko Takahashi (Japan). The same participants attended the third meeting, with the exception of Mr. Mbodj who was represented by Mr. Baba Guisse. Staff of the Population Division of the Department of Economic and Social Affairs and representatives of the United Nations Population Fund (UNFPA) were present at all meetings of the Bureau. Ms. Emer Herity, of the Department for General Assembly and Conference Management, also attended the meetings.

3. The present report summarizes the discussions of the Bureau at those meetings, including the conclusions reached and the recommendations made.

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II. Summary of the deliberations of the Bureau

A. Organization of work for the forty-seventh session of the Commission

4. The Bureau reviewed the organization of work for the forty-seventh session. It was decided that on Monday, 7 April, and Tuesday, 8 April, the time slots between 12 p.m. and 1 p.m. would each be used for a presentation by a keynote speaker to be followed by an interactive debate. It was also decided that on Wednesday, 9 April, the time slot between 12 p.m. and 1 p.m. would be used for a panel discussion.

5. The Bureau also decided that, as in previous years, consideration of agenda item 4, General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development, would resume after consideration of agenda item 5 on Wednesday afternoon, as well as after consideration of item 6 on Thursday morning, as necessary. It was further decided that, if necessary, consideration of agenda item 4 would also be resumed on Thursday afternoon and Friday morning. Finally, consideration of agenda item 3, Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development, would continue on Monday afternoon at 3 p.m. in order to provide a greater space for Member States to make contributions under the item.

6. The Bureau also discussed how to ensure the effective participation in the session of the Commission of civil society actors, particularly non-governmental organizations, in line with the relevant General Assembly resolutions. It was decided that the Bureau would continue its work to identify ways to allocate time for the participation of civil society, including considering amending the organization of work to designate a portion of the session for non-governmental organization statements. A final decision would be made at the fourth meeting of the Bureau, to be held in February 2014.

B. Keynote speakers

7. In its decision 2005/2, the Commission welcomed the format of inviting keynote speakers to address the sessions of the Commission and requested the Bureau to make the necessary arrangements for their participation and to inform States members of the Commission accordingly. Pursuant to that decision, the Bureau decided that two expert keynote speakers would be invited to address the Commission, to be followed by an interactive debate on 7 April, from 12 p.m. to 1 p.m., and on 8 April, from 12 p.m. to 1 p.m.

8. The Bureau selected the Special Adviser to the Secretary-General and his Special Envoy for HIV/AIDS in Asia, Ms. Nafis Sadik, to speak on 7 April on the theme "Dignity and human rights within the context of the International Conference on Population and Development beyond 2014", with the exact title of the presentation to be discussed and agreed later by the invited speaker in consultation with the Secretariat. For the invited speaker on 8 April, to address the Commission on the general theme "Population and sustainable development: the United Nations post-2015 development agenda", the Bureau considered as possible candidates a

speaker to be nominated by the group of Latin American and Caribbean States; and Professor Emeritus of the University of Florence, Mr. Massimo Livi Bacci.

9. The Bureau also decided to organize an expert panel of three speakers on the theme "The International Conference on Population and Development beyond 2014: an unfinished agenda" and considered the following list of candidates: the Regional Director, Partners in Population and Development, Africa Regional Office, Mr. Jotham Musinguzi; Massimo Livi Bacci; the candidate to be proposed by the group of Latin American and Caribbean States; Professor of Obstetrics and Gynecology, and Director of the International Islamic Center for Population Studies and Research, Al-Azhar University, Egypt, Mr. Gamal Serour; the Dean of the Faculty, Harvard School of Public Health, and T and G Angelopoulos Professor of Public Health and International Development, Harvard Kennedy School of Government, Mr. Julio Frenk; the Chief Executive Officer of the Centre for Health Sciences Training, Research and Development, Nigeria, Ms. Oluwafunmilola Dare; and a candidate proposed by Georgia, as a member of the group of Eastern European States. The Bureau agreed that final decisions on the selected candidates for the keynote speaker on 8 April and for the panel discussion on 9 April would be made by the Chair in consultation with the Secretariat as soon as possible following the meeting on 15 January 2014.

10. As is customary, the Bureau recommended that, in the event of negotiations being held during the first three days of the session of the Commission, the working group would be adjourned during the presentations made by keynote speakers and during the panel discussion.

C. Participation of relevant United Nations entities in the forty-seventh session of the Commission

11. The Bureau noted that the topic of the forty-seventh session was relevant to the work of many entities of the United Nations system. With that in mind, it was agreed that the Chair would inform all relevant agencies, funds and programmes of the United Nations system of the dates and theme of the session and encourage them to participate actively therein and to consider organizing side events during the session.

D. Communication of the Chair with members of the Commission

12. Considering that participation in the forty-seventh session of the Commission would be open-ended, as decided by the General Assembly in resolution 67/250, the Bureau requested the Chair to write a letter to all Member States, irrespective of whether they were members of the Commission, to inform them of the dates of the session, remind them of the theme and suggest the agenda items under which interventions were welcome.

13. The Chair was also asked to request that delegations include technical experts on population issues and to inform them about ways to access preliminary versions of the documentation for the session.

E. General debate on the further implementation of the Programme of Action of the International Conference on Population and Development on the occasion of its twentieth anniversary

14. The Bureau recalled General Assembly resolution 65/234, on "Follow-up to the International Conference on Population and Development beyond 2014", in which the General Assembly decided to extend the Programme of Action and the key actions for its further implementation beyond 2014, to ensure its follow-up in order to fully meet its goals and objectives and to convene a special session during the sixty-ninth session of the Assembly in order to assess the status of implementation of the Programme of Action and to renew political support for actions required for the full achievement of its goals and objectives.

15. In the same resolution, the General Assembly further decided that the Commission on Population and Development should convene an interactive discussion during its forty-seventh session on the assessment of the status of implementation of the Programme of Action. The Assembly also called upon UNFPA, in consultation with Member States and in cooperation with all relevant organizations of the United Nations system and other relevant international organizations, as well as institutions and experts, to undertake an operational review of the implementation of the Programme of Action on the basis of the highest quality data and analysis of the state of population and development, taking into account the need for a systematic, comprehensive and integrated approach to population and development issues. In addition, the Assembly requested the Secretary-General to submit a report based on that review to the Commission on Population and Development at its forty-seventh session.

F. Relationship between the Commission and the Economic and Social Council

16. The Bureau discussed ways to ensure the contribution of the Commission to the annual ministerial review conducted during the high-level segment of the annual meeting of the Economic and Social Council, which, in July 2014, will focus on the theme "Addressing ongoing and emerging challenges for meeting the Millennium Development Goals in 2015 and for sustaining development gains in the future". The Bureau agreed that it was important to increase the synergies between the work of the Commission and the annual ministerial review and that including the item in the agenda of the Commission was a way to call attention to the importance of population issues in discussing the theme of the annual ministerial review. In addition, in previous sessions of the Commission, Member States that had volunteered to make national presentations at the annual ministerial review were also invited to exchange views with the Commission. The Bureau agreed to continue that practice and requested the Chair to send an invitation to the relevant Member States.

17. The Bureau also agreed that the President of the Economic and Social Council would make an important contribution to the work of the forty-seventh session of the Commission on Population and Development and requested the Chair of the Bureau to invite him to launch the discussion on agenda item 5, as had been done at prior sessions of the Commission. In addition, the Bureau endorsed the suggestion

of the Chair to invite the Secretariat to make a short presentation covering some of the key linkages between population dynamics and the theme for the 2014 annual ministerial review.

G. Resolutions and decisions

18. The Bureau recommended that the Commission consider adopting the following resolutions or decisions: a decision on the draft agenda for its forty-eighth session; and a decision on the theme of the forty-ninth session. The Bureau also discussed whether to recommend that the Commission consider a negotiated outcome on the special theme of the forty-seventh session, namely, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development". However, at the time of preparation of the present report, the Bureau had not finalized its recommendation on whether the Commission should consider adopting a resolution on the theme of its forty-seventh session.

H. Availability of documents for the Commission

19. The Bureau stressed the importance of the timely availability of documents for the forty-seventh session of the Commission in order to facilitate the preparation of statements by delegations. The Bureau endorsed posting advanced unedited versions of such documentation on the Internet in English only, ahead of their official release in all United Nations official languages.

III. Recommendations of the Bureau

20. **The Bureau recommended the adoption of the draft organization of work for the forty-seventh session of the Commission.**

21. **The Bureau decided that two keynote speakers and a panel of two or three experts would be invited to address the Commission on the special theme of the forty-seventh session, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development".**

22. **The Bureau requested that the Chair inform all relevant agencies, funds and programmes of the United Nations system of the dates and theme of the session and encourage them to participate actively and to consider organizing side events during the session.**

23. **The Bureau requested that the Chair write to all Member States, irrespective of whether they were members of the Commission, to inform them of the dates of the session and to remind them of the theme, suggesting the agenda items under which interventions were welcome and underlining the desirability of having technical experts as part of their delegations.**

24. **The Bureau decided to invite the President of the Economic and Social Council to address the Commission under item 5 of the provisional agenda of the forty-seventh session and to invite the permanent representatives of**

Member States making national presentations at the annual ministerial review in 2014 to participate in an interactive dialogue on the relevance of the Programme of Action of the International Conference on Population and Development for the theme of the annual ministerial review in 2014. In addition, the Bureau decided to ask the Secretariat to prepare a brief presentation on some of the key linkages between population dynamics and the theme of the annual ministerial review.

25. **The Bureau recommended that the Commission consider adopting a decision on the provisional agenda for its forty-eighth session and a decision on the theme for its forty-ninth session.**

26. **The Bureau members decided to continue consultations with their respective regional groups to finalize their recommendation on whether the Commission should consider a resolution on the special theme of the forty-seventh session, namely, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development".**

27. **The Bureau recommended that advanced unedited versions of official documents be posted on the Internet in English only, ahead of their official release in all United Nations official languages.**

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Item 3 of the provisional agenda*
Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

World demographic trends

Report of the Secretary-General

Summary

The present report, which has been prepared in accordance with Economic and Social Council resolution 1996/2, provides an overview of demographic trends for the world, its major areas, development groups and selected countries, focusing on the major changes that have occurred over the past 20 years since the adoption of the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994. The topics covered by the report include population size and growth, fertility, marriage and union formation, family planning, mortality, international migration, adolescents and youth, population ageing and urbanization.

The report indicates that the world's population reached 7.2 billion in 2014 and is expected to increase by more than 2 billion by 2050. Most of the future population growth will occur in the less developed regions. There is considerable diversity in the expected future trajectory of population change across various major areas and countries, driven primarily by differences in levels and trends of fertility. The populations of Africa and Asia will increase greatly in the coming decades. In contrast, because of persistent below-replacement fertility, a number of countries are expected to experience a decline in their population size. Despite the significant improvements in life expectancy achieved over the past 20 years, many countries will fail to meet the targets for life expectancy, infant and child mortality and maternal mortality included in the Programme of Action.

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More than half of the world's population now lives in urban areas. While the number of large urban agglomerations is increasing, approximately half of all urban dwellers reside in smaller cities and towns. The number of young people has grown rapidly in recent decades and is expected to remain relatively stable over the next 35 years. In contrast, the number and proportion of older persons are expected to continue rising well into the foreseeable future.

The report concludes that the current state of the world's population is one of unprecedented diversity and change, reflected in new patterns of fertility, mortality, migration, urbanization and ageing. The continuation and consequences of these population trends will present both opportunities and challenges for the formulation and implementation of the United Nations post-2015 development agenda and for the achievement of all internationally agreed development goals.

Contents

		Page
I.	Introduction	4
II.	Population size and growth	4
III.	Fertility, marriage and union formation and family planning	7
IV.	Mortality, including HIV/AIDS	12
V.	International migration	18
VI.	Adolescents and youth	21
VII.	Population ageing	23
VIII.	Urbanization and city growth	25
IX.	Conclusions	27

I. Introduction

1. The present report provides a demographic perspective on how the world has changed over the past 20 years. The world has witnessed many profound social, economic and political changes since the International Conference on Population and Development, held in Cairo in 1994. Few factors will shape the future global development agenda as fundamentally as the size, structure and spatial distribution of the world's population. Ongoing demographic transitions associated with changing levels and patterns of fertility, mortality and migration continue to bring about important changes in the size, structure and spatial distribution of families, households and communities around the world, creating both opportunities and challenges for the design of policies that aim to promote the well-being of current and future generations.

2. The demographic trends presented in this report are based for the most part on the results set out in *World Population Prospects: The 2012 Revision*, the twenty-third round of the official United Nations population estimates and projections prepared biennially by the Population Division of the Department of Economic and Social Affairs of the Secretariat. The *2012 Revision* builds on the previous revision by incorporating the results of new population census data from 94 countries and findings from many specialized demographic surveys that have been carried out around the world over the past several years. These data provide new information on population size and inform estimates of the three components of population change: fertility, mortality and migration.

3. Additional data for this report come from a number of other unique databases developed and maintained by the Population Division. Data on urban, rural and city populations are based on *World Urbanization Prospects: The 2011 Revision*, while data on contraceptive prevalence and unmet need for family planning are based on survey data from 194 countries or areas and on annual model-based estimates and short-term projections of family planning indicators, all contained in *World Contraceptive Use 2012*. Estimates of the number of international migrants are based on *Trends in International Migrant Stock: The 2013 Revision*, which presents estimates of the number of migrants by origin, age and sex for each country and major area of the world.

II. Population size and growth

4. In 1994, when the international community met in Cairo at the International Conference on Population and Development, an estimated 5.7 billion people were living on the planet. At that time, nearly 84 million people were being added to the world's population annually. According to United Nations projections available at the time, the world's population was expected to grow by 87 million annually for the following 25 years. Whereas it had taken 123 years for the world's population to grow from 1 billion to 2 billion, it was projected at the time of the Cairo Conference that only 11 years would be required for the increase from 5 billion to 6 billion.

5. In 2014, the twentieth anniversary of the Conference, the world's population has already surpassed 7 billion — a number reached in 2011 — even though it took a little longer than predicted in 1994, as population growth over the past 20 years has been slightly slower than expected. Between 2010 and 2014, the world's

population grew at a rate of 1.2 per cent per annum, significantly below the 1.5 per cent per annum around the time of the Cairo Conference (see table 1 and figure I). At the beginning of 2014, the world's population was estimated at 7.2 billion, with approximately 82 million being added every year and roughly a quarter of this growth occurring in the least developed countries. On its current trajectory, the world's population is expected to reach 8.1 billion in 2025 and 9.6 billion in 2050.

6. While the absolute size of the world's population has grown substantially since the Cairo Conference, the annual increase in that population has been declining since the late 1960s. By 2050, it is expected that the world's population will be growing by 49 million people per year, more than half of whom will live in the least developed countries. Currently, of the 82 million people added to the world's population every year, 54 per cent are in Asia and 33 per cent in Africa. By 2050, however, more than 80 per cent of the global increase will take place in Africa, with only 12 per cent in Asia.

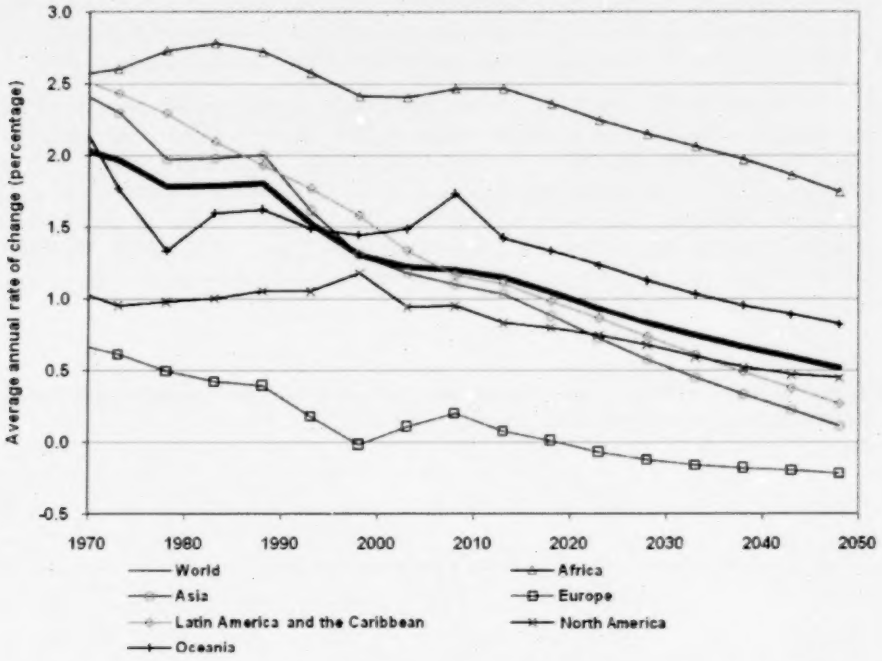
Table 1
Population, average annual increment and growth rate, for the world, development groups and major areas, selected years and periods (medium variant)

	Population (millions)			*Average annual increment (millions)*			*Average annual growth rate (percentage)*		
World, development group or major area	*1994*	*2014*	*2050*	*1990-1995*	*2010-2015*	*2045-2050*	*1990-1995*	*2010-2015*	*2045-2050*
World	5 661	7 244	9 551	84.2	81.7	48.5	1.52	1.15	0.51
More developed regions	1 169	1 256	1 303	5.0	3.7	0.1	0.43	0.30	0.01
Less developed regions	4 492	5 988	8 248	79.2	78.0	48.4	1.81	1.33	0.60
Least developed countries	569	919	1 811	15.1	20.3	26.7	2.77	2.28	1.54
Other less developed countries	3 923	5 068	6 437	64.0	57.7	21.7	1.68	1.16	0.34
Africa	699	1 138	2 393	17.3	27.0	39.9	2.57	2.46	1.74
Asia	3 432	4 342	5 164	53.9	43.9	5.7	1.61	1.03	0.11
Europe	729	743	709	1.3	0.6	-1.6	0.18	0.08	-0.22
Latin America and the Caribbean	478	623	782	8.2	6.8	2.1	1.77	1.11	0.27
North America	294	358	446	3.0	2.9	2.0	1.05	0.83	0.45
Oceania	29	39	57	0.4	0.5	0.5	1.49	1.42	0.82

7. Although most major areas experienced similar levels of population growth between 1994 and 2014, Africa and Europe stood out, with growth rates significantly higher in Africa and lower in Europe compared with other regions (see figure I). Between 2014 and 2050, all major areas are expected to experience further reductions in their population growth rates, resulting in increasingly dramatic contrasts in population dynamics among them. For example, by 2050, Africa will be growing more than 6 times as fast as Latin America and the Caribbean and more than 15 times as fast as Asia. Partly because of international migration, the growth rates of both North America and Oceania will exceed those of Asia and Latin America and the Caribbean over the coming decades. Europe is projected to experience population decline after 2020. Overall, the global population growth rate is projected to fall to 0.5 per cent per annum by 2050.

Figure I

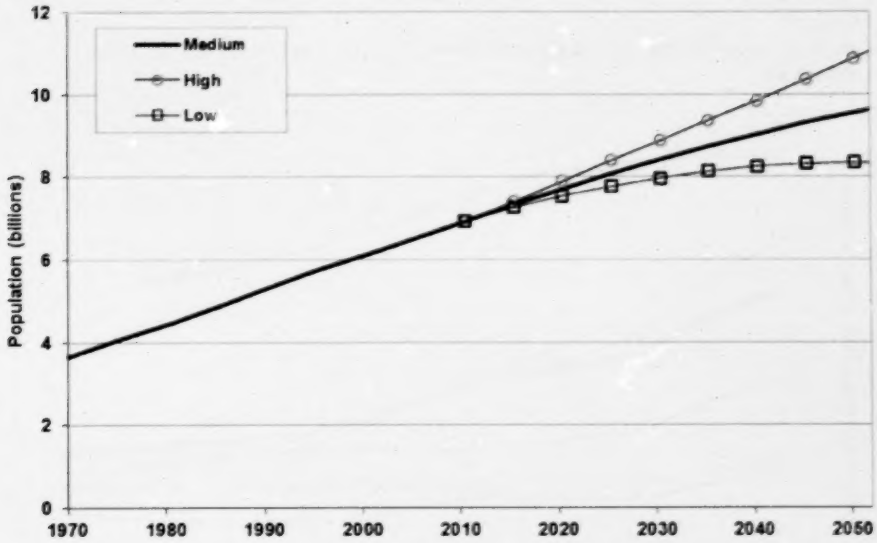
Average annual rate of population change, for the world and major areas, 1970-2050



8. Small variations in the trajectory of future fertility will have major consequences for the future size and structure of the world's population (see figure II). In the high-fertility variant of the projections, an extra half child per woman, on average, implies that there would be 1.3 billion more people in the world in 2050 than under the medium-fertility variant. On the other hand, if women have, on average, a half child less, as implied by the low-fertility variant, there would be 1.2 billion fewer people in the world in 2050.

Figure II

Estimates and projections of total world population, 1970-2050 (medium-, high- and low-fertility variants for 2015 and later)



9. Most of the population growth projected to occur between 2014 and 2050 will be concentrated in a small number of countries. During the period 2014-2050, nine countries are expected to account for more than half of the world's projected increase: the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Nigeria, Pakistan, the United Republic of Tanzania, the United States of America and Uganda. Several of these countries are among the most populous today. Given its anticipated growth, India is projected to overtake China and become the world's most populous country by 2028. High population growth rates prevail in many of the countries that are on the United Nations list of 49 least developed countries. Between 2014 and 2050, the total population of these countries is projected to double, according to the medium-fertility variant, putting additional pressure on resources and the environment and straining government capacities to provide high-quality services.

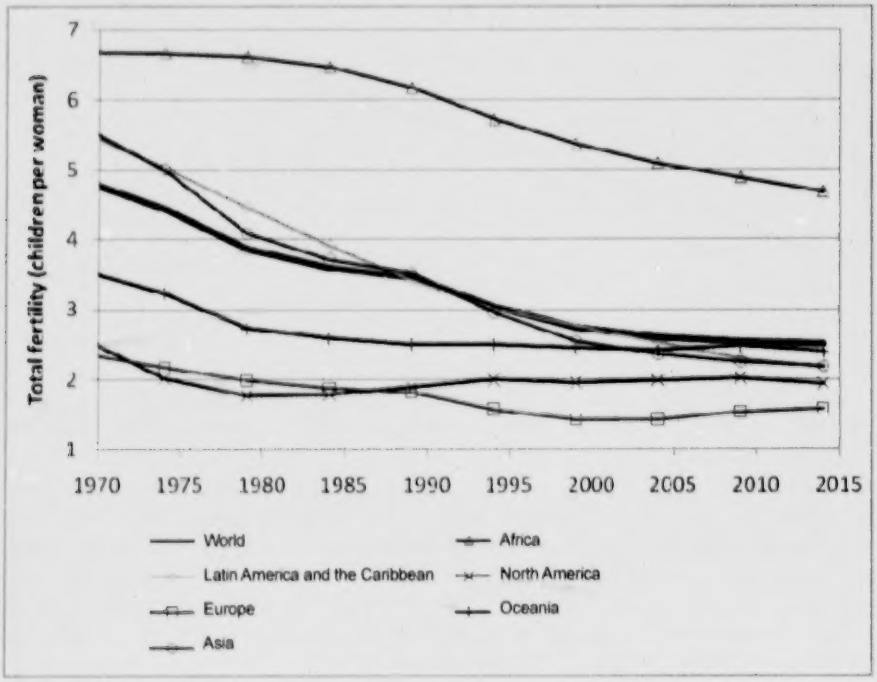
10. At the other end of the spectrum, the populations of more than 40 countries and major areas are expected to decrease between 2014 and 2050. The largest absolute declines are expected for China, Germany, Japan, Poland, Romania, the Russian Federation, Serbia, Thailand and Ukraine. Many other countries, particularly in Eastern Europe, but also in East, South-East and Western Asia, other parts of Europe and Latin America and the Caribbean, are also expected to experience population decline before 2050. Population decline and the acceleration of population ageing are therefore important concerns in a growing number of countries and major areas.

III. Fertility, marriage and union formation and family planning

11. In 1994, when the international community met in Cairo, total fertility for the world had already fallen to around 3 children per woman, down from around

4.5 children per woman in the early 1970s. The decline had been particularly sharp in Asia and Latin America and the Caribbean, whereas fertility decline had just begun in Africa (see figure III).

Figure III
Levels of total fertility (births per woman), for the world and major areas, 1970-2015

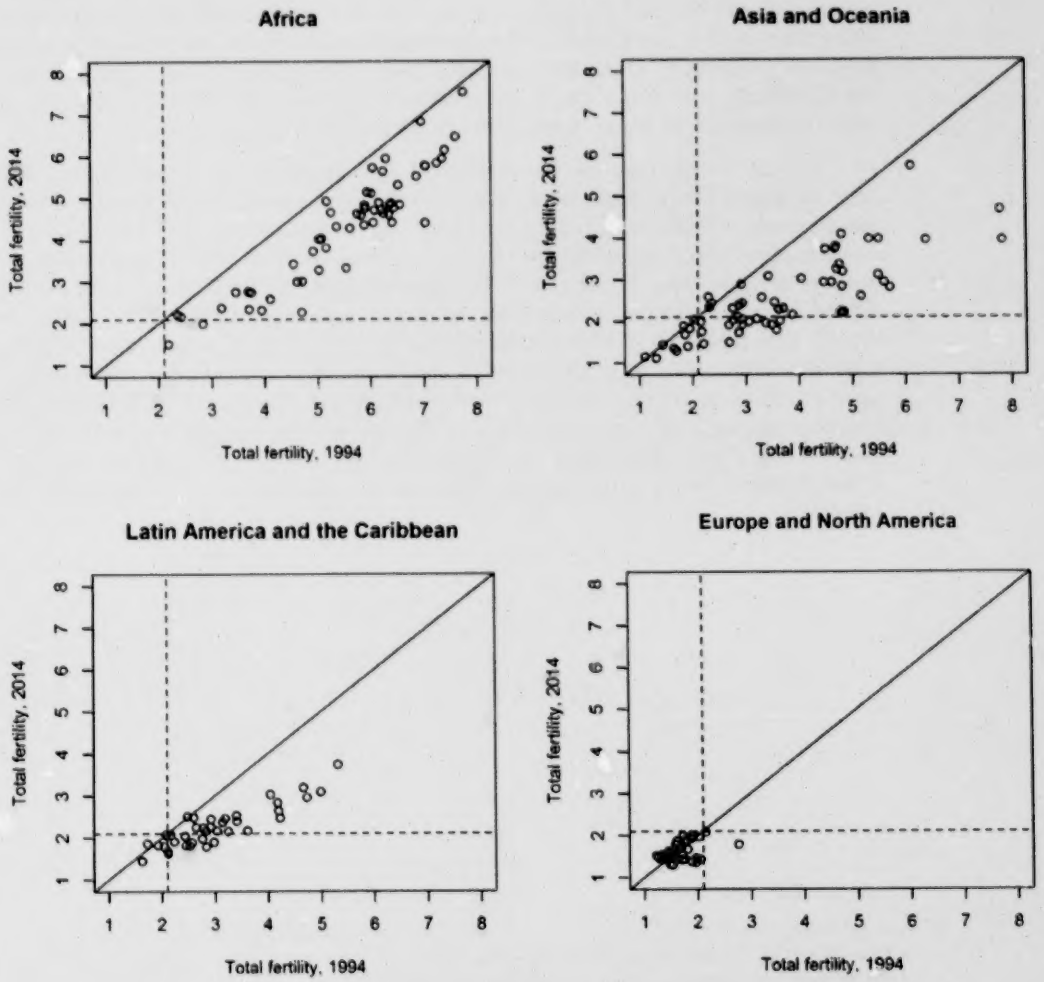


12. In 2014, total fertility for the world is around 2.5 children per woman. After the 1994 Cairo Conference, fertility fell in most major areas of the world, with the notable exception of Europe, where fertility levels rebounded slightly in a number of countries. Although fertility has fallen in Africa, the decline began from a higher initial level, and the pace of decline has been slower than in other major areas. Therefore, by 2014, the level of fertility in Africa was considerably higher than that in other regions.

13. Considerable variation in fertility levels has been observed among countries within the same major area over the past 20 years. In Africa, the scattering of points below the diagonal line in figure IV illustrates that total fertility has fallen significantly in some countries over the past 20 years (those located farthest from the diagonal line, such as Djibouti, Ethiopia and Rwanda), while in other countries fertility has remained virtually unchanged (those located close to the diagonal line, such as the Congo, Mali, Niger and Nigeria). At the other end of the spectrum, in 1994, the fertility rates of virtually all countries in Europe and North America were already below replacement level, indicated in figure IV by the dashed vertical line. Many countries in Europe have recorded a slight increase in fertility over the past 5 to 10 years, although it has not been sufficient, in most cases, to reach replacement

level. Consequently, these countries appear below the dashed horizontal line, but above the diagonal line, in figure IV. Western European countries, such as Austria and Germany, and virtually all countries of Eastern and Southern Europe still had fertility levels below 1.5 children per woman in 2014. The long-term demographic implications of these persistent low levels of fertility vary, as some countries in Europe are receiving working-age migrants, partly offsetting the deficit of births, while other countries, mainly in Eastern Europe, face low fertility combined with the out-migration of young people, leading to population decline. Over this period, fertility in countries of Asia, Oceania and Latin America and the Caribbean has continued to decline towards or below replacement level.

Figure IV
Levels of total fertility (births per woman), by country or area, 1994 compared with 2014



14. The age of first marriage or union formation is usually a key determinant of when a woman begins to bear children. Since the Cairo Conference, a postponement in marriage and union formation has contributed to an increasing age at first birth. The sharpest increase in age at marriage has been observed in Europe, where in some countries, such as Norway and the United Kingdom of Great Britain and Northern Ireland, the female age at marriage has increased by more than 2.5 years per decade. Marriage among young men and women in North America, Europe, Australia and New Zealand has been replaced to a certain extent by cohabiting unions. In North Africa and East Asia, the postponement of marriage to later ages has not been accompanied by increases in cohabiting unions. At the same time, the proportion of ever married women and men has declined across all major areas of the world.

15. Changing patterns of marriage and union formation have weakened the link between marriage and childbearing. Extramarital births as a proportion of all births have risen over the past 20 years in many low- and intermediate-fertility countries. More than half of all births now occur outside marriage in Australia and seven countries of Europe, which have joined a group of countries in Latin America and the Caribbean with traditionally high rates of extramarital birth. By contrast, in many countries in Asia and North Africa, extramarital births are rare.[1]

16. Policies to increase the availability of safe and effective contraceptives and accessibility to family planning programmes and reproductive health care have been instrumental in facilitating reductions in fertility. In 2013, more than 90 per cent of Governments provided either direct or indirect support for family planning programmes; in 1996, 86 per cent of Governments did so.[2] In all major areas except Africa, contraceptive prevalence is 60 per cent or higher among married or in-union women (see figure V). Where contraceptive prevalence is low, unsafe abortion rates tend to be high. In 2008, an estimated 28 unsafe abortions occurred per 1,000 women aged 15 to 44 in Africa, compared with a worldwide average of 14.[3] The unsafe abortion rate in 2008 was highest (28 or higher) in East, Central and West Africa and in Central and South America. Unsafe abortion indicates the need not only for effective means to prevent pregnancy but also for improved access to safe abortion services.

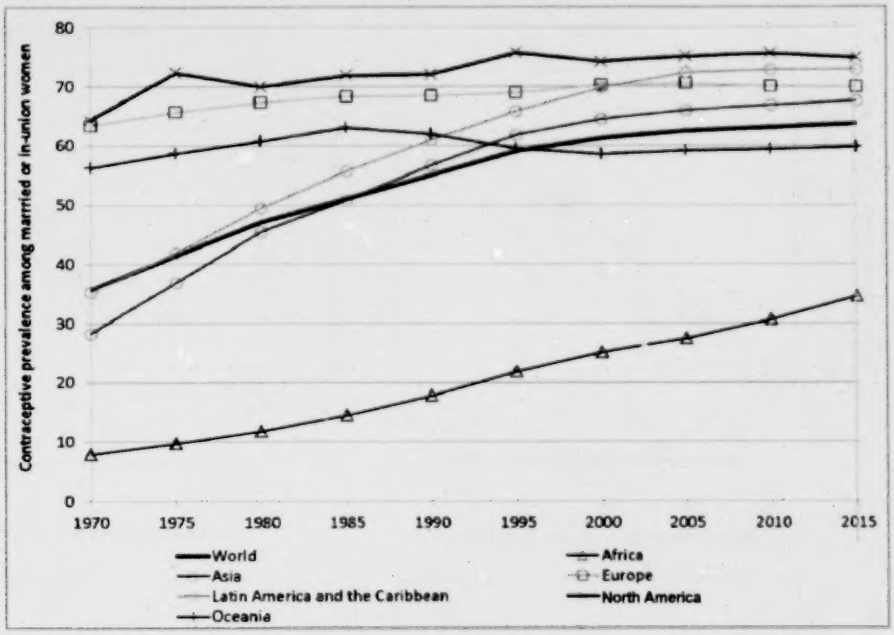
[1] *World Fertility Report 2012* (United Nations, 2013).

[2] *World Population Policies 2013* (United Nations, 2013).

[3] Gilda Sedgh and others, "Induced abortion: incidence and trends worldwide from 1995 to 2008," in *The Lancet*, vol. 379, No. 9816 (18 February 2012), pp. 625-632.

Figure V

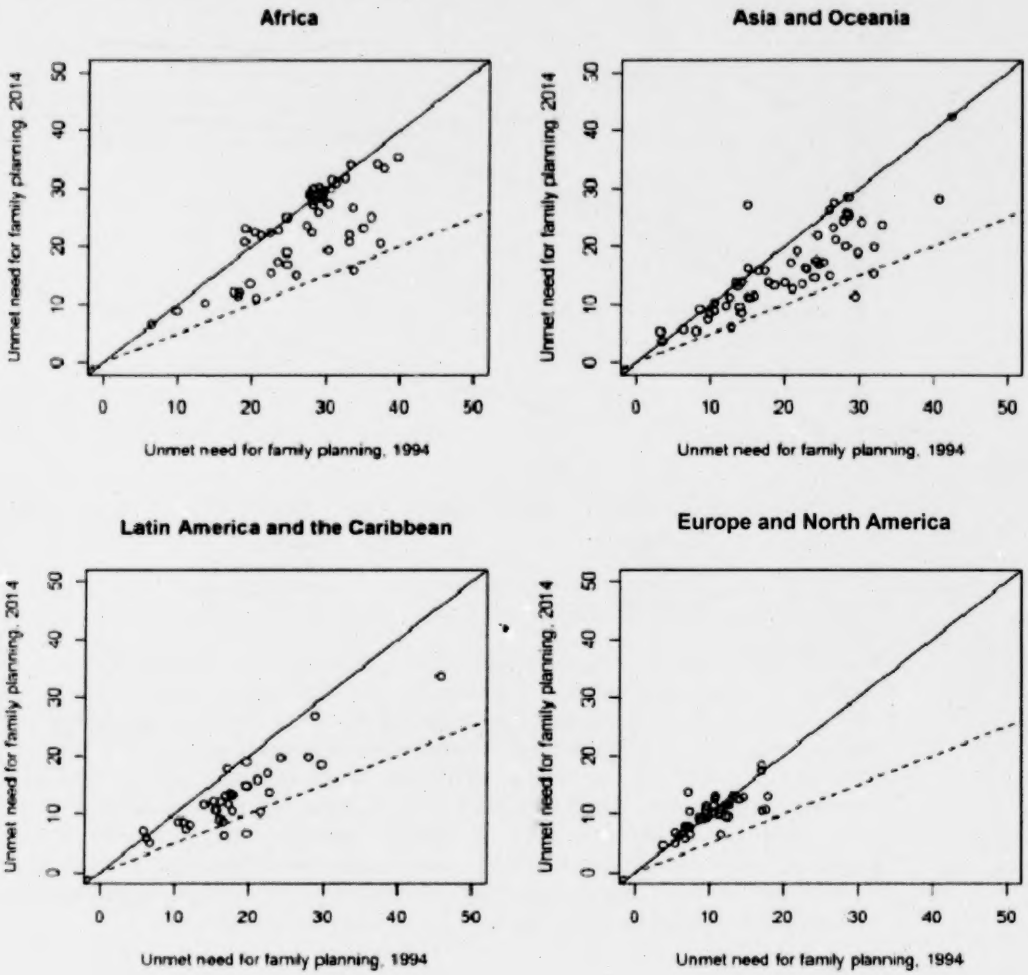
Levels of contraceptive prevalence (percentage) among married or in-union women, for the world and major areas, 1970-2015



17. In 1999, the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development (A/S-21/5/Add.1) set benchmarks for reducing the gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families. This gap is known as the "unmet need" for family planning. Using 1994 as a baseline, only Bhutan, Cambodia, Nicaragua, Paraguay, Peru, Swaziland and Viet Nam are likely to achieve, by 2014, the minimal agreed benchmark of a 50 per cent reduction in unmet need (see figure VI, points below the dashed line). The provision of voluntary and high-quality family planning information, counselling and services merits further investment and is relevant for all countries of the world.

Figure VI

Percentage of unmet need for family planning among married or in-union women, by country or major area, 1994 versus 2014

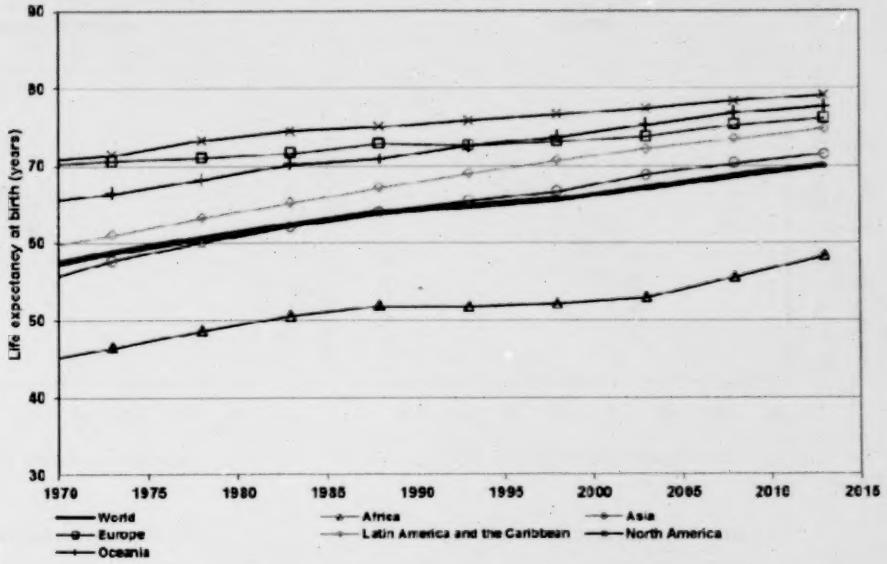


IV. Mortality, including HIV/AIDS

18. In the 20 years since the Cairo Conference, life expectancy has increased worldwide, furthering gains achieved in earlier decades. Life expectancy at birth for the world as a whole rose from 64.8 years in the period 1990-1995 to 70.0 years in the period 2010-2015, a gain of 5.2 years (see figure VII). The gains achieved by the world's major areas ranged from 3.3 years in North America to 6.5 years in Africa. Particularly noteworthy is the fact that the least developed countries made substantial progress, gaining 8.9 years of life expectancy over the same period.[4]

[4] *World Mortality Report 2013* (United Nations, 2013).

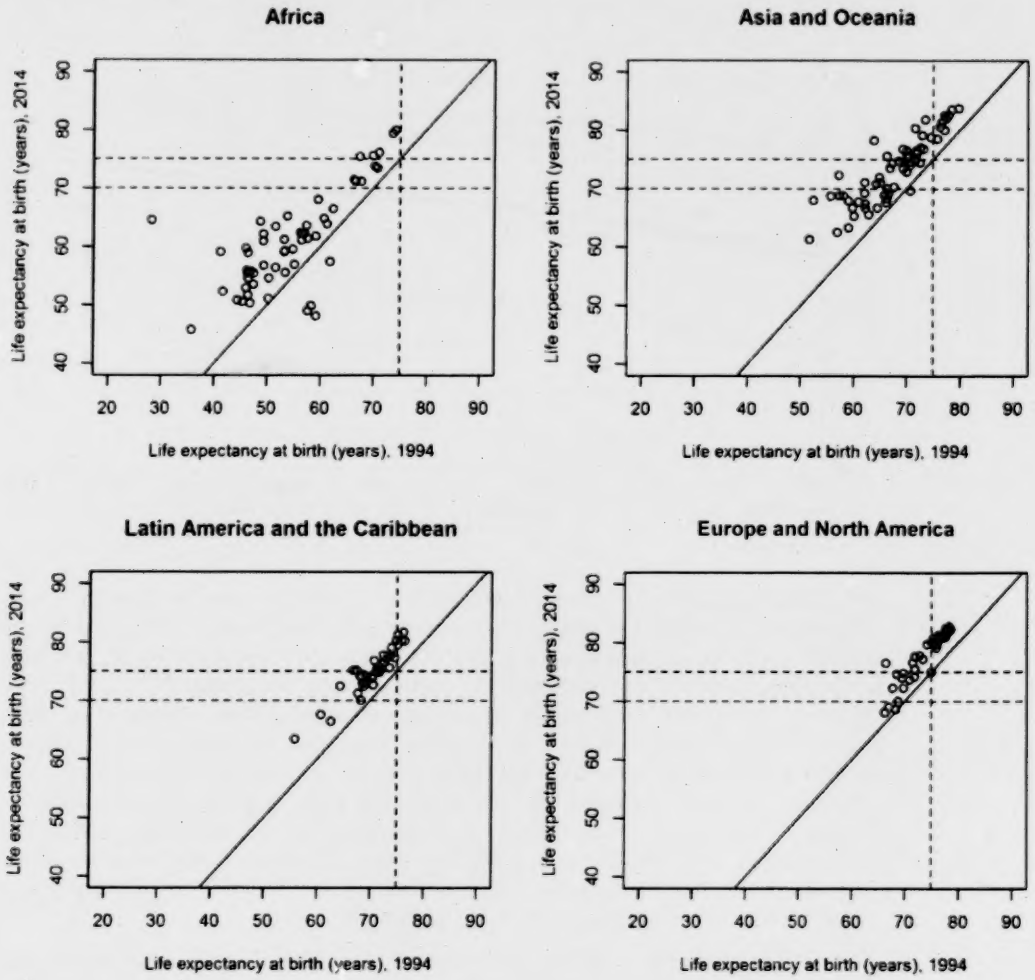
Figure VII
Life expectancy at birth (in years), for the world and major areas, 1970-2015



19. Despite significant improvements in life expectancy over the past 20 years, most countries will fail to achieve a life expectancy of 75 years (70 years for the countries with the highest mortality levels) by the target date of 2015, as proposed in the Programme of Action (see figure VIII). During the period 2010-2015, only 76 out of 201 countries or major areas have achieved a life expectancy at birth greater than 75 years, and in 33 of these countries, average survival already exceeded 75 years in the period 1990-1995. Only 35 per cent of countries with a life expectancy of between 60 and 75 years at the time of the Conference have surpassed 75 years in the period 2010-2015, and just 1 of the 53 countries with a life expectancy of less than 60 years at the time of the Conference has since surpassed 70 years. Thus, overall progress in life expectancy has fallen short of the goals to which the Conference delegates aspired 20 years ago.

20. The Programme of Action also sought to reduce disparities in health and survival both between and within countries and regions by accelerating mortality reduction in those populations lagging furthest behind. Although the gap in life expectancy at birth between the countries in the more developed regions and the least developed countries remains large, at 17.1 years, it is nonetheless 5 years smaller than in the early 1990s. Sex differences in longevity persist as well. Worldwide, women live 4.5 years longer than men, on average, and this gap has remained essentially unchanged since 1994. Across the world's major areas, the difference between female and male longevity in the period 2010-2015 ranged from a low of 2.7 years in Africa to a high of 7.8 years in Europe.

Figure VIII
Levels of life expectancy at birth (in years), by country or major area, 1994 compared with 2014

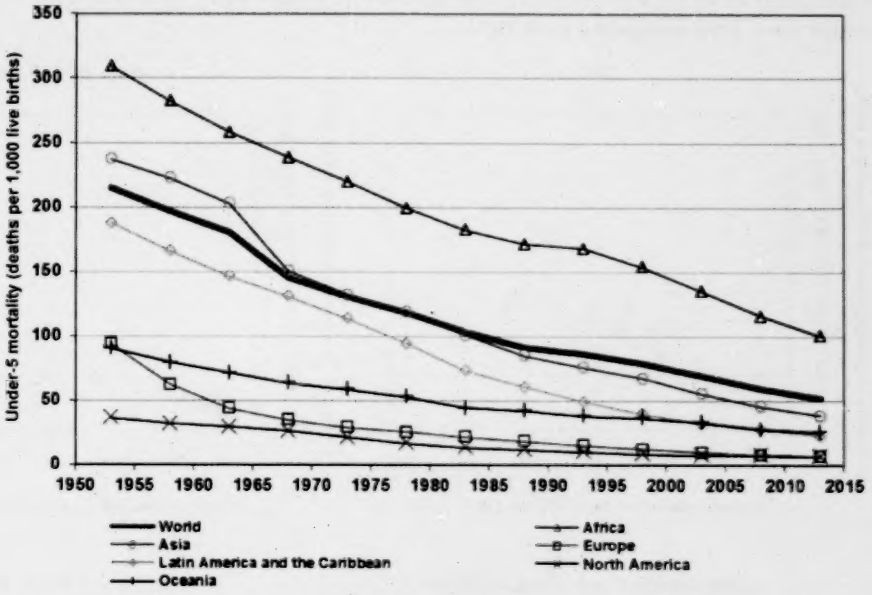


21. Recent decades have witnessed considerable progress in reducing child mortality. Worldwide, under-5 mortality is estimated to have fallen by 40 per cent between 1994 and 2014, from 86 to 52 deaths per 1,000 live births (see figure IX). Among the world's major areas, the largest absolute change in under-5 mortality over this period occurred in Africa, with a decline from 168 to 101 deaths per 1,000 live births. Nevertheless, Africa had by far the highest level of under-5 mortality of any major area in 2014. With the exception of most countries in North Africa and a number of small islands located just off the mainland, the levels of under-5 mortality of most African countries are still well above the target established in 1994 by the Programme of Action of 45 deaths per 1,000 live births (see figure X). The major area with the next-highest level of under-5 mortality in 2014 was Asia, at 39 deaths per 1,000 live births. Approximately one quarter of the countries in Asia

are expected to be unable to achieve the under-5 mortality target established in Cairo. In North America and Europe, under-5 mortality stood at 7 deaths per 1,000 live births in 2014, meaning that a child born in Africa was 14 times more likely to die before age 5 than in those two regions.

Figure IX

Probability of dying before age 5 (or under-5 mortality rate), for the world and major areas, 1970-2015



22. Recent declines in child mortality reflect primarily improved survival between the ages of 1 and 4. Reducing mortality among infants, especially newborns, has proved a greater challenge. Consequently, the share of neonatal deaths (first month of life) among all under-five deaths grew from 37 per cent in 1990 to 44 per cent in 2012.[5] Neonatal causes of death — such as preterm birth, intrapartum complications and neonatal infections — must be addressed in order to achieve further reductions in child mortality. This will require investing in health system infrastructure, as well as ensuring women's access to nutrition and high-quality antenatal and delivery care. In countries experiencing high levels of under-five mortality rates, current trends towards lower fertility, increased urbanization and rising levels of education among women and girls are likely to contribute to continued reductions in the probability of dying in the first five years of life.

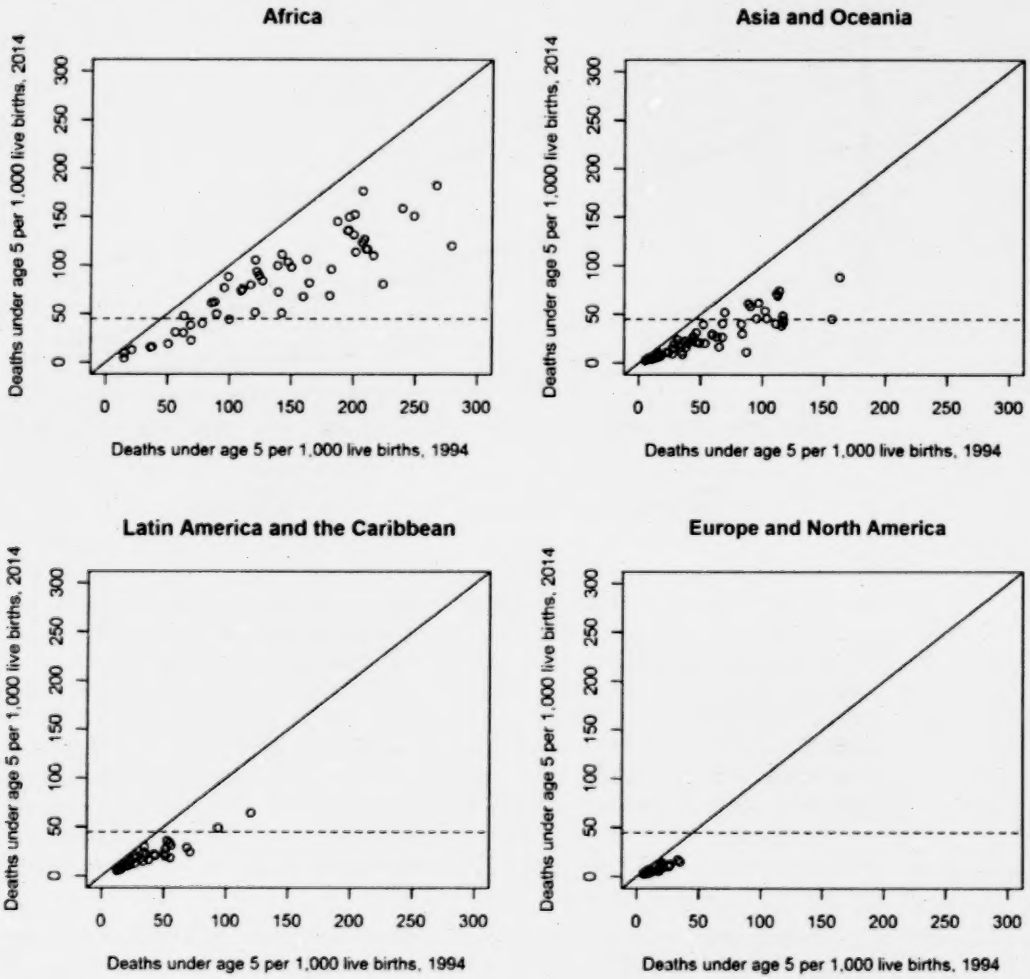
23. Adolescence and youth are often considered the healthiest stages of life, but they are also critical periods during which young people are faced with a unique set of threats to their health and survival. Young people tend to be particularly vulnerable to sexually transmitted infections, mental health disorders, and injuries such as those related to traffic accidents or violence. In addition, adolescents and youth are confronted with decisions that can have important implications for their

[5] *Levels and Trends in Child Mortality: Report 2013* (United Nations Children's Fund, 2013).

future risks of morbidity and mortality. Many of the important risk behaviours that lead to conditions such as HIV/AIDS or non-communicable diseases later in life, such as unprotected sexual activity, tobacco use, poor nutrition, physical inactivity and excessive consumption of alcohol, tend to become established in adolescence and young adulthood. Gender differentials and cultural factors play important roles in shaping these risks.

Figure X

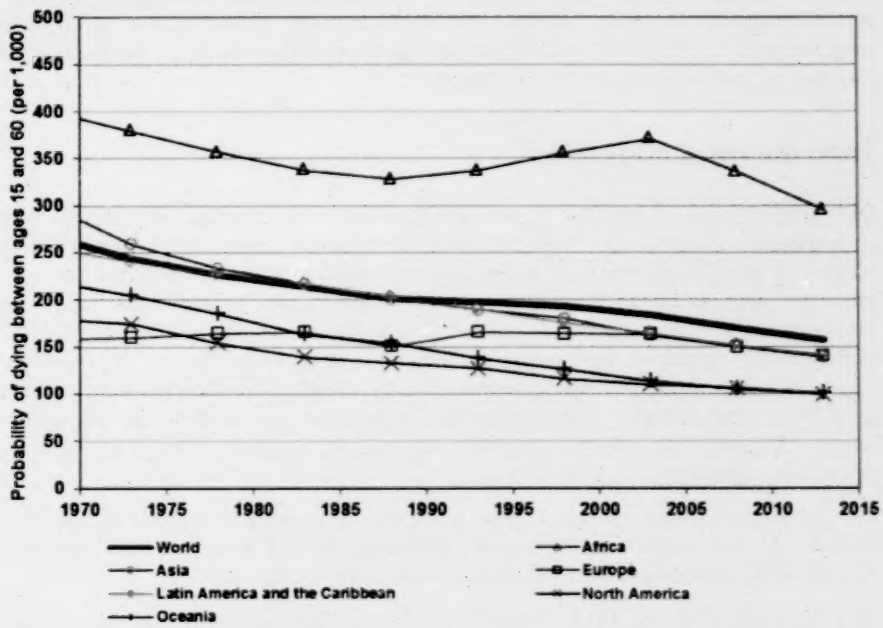
Probability of dying before age 5 (or under-five mortality rate), by country or major area, 1994 compared with 2014



24. The probability of dying between the ages of 15 and 60 is a widely used summary indicator of adult mortality, representing the risks of dying during the working and reproductive ages. Worldwide, 157 of every 1,000 15-year-olds would die before age 60 if subject to the age-specific mortality rates prevailing in the period 2010-2015. The probability of dying between ages 15 and 60 was lowest in

North America, at 99 per 1,000, and highest in Africa, at 296 per 1,000 (see figure XI). In the 20 years since the Conference, progress in reducing mortality in the working and reproductive ages has been much slower than in reducing child mortality. Major challenges to improving survival in this age group include HIV/AIDS, maternal mortality and premature mortality from non-communicable diseases.

Figure XI
Probability of dying between ages 15 and 60, for the world and major areas, 1970-2015



25. Although millions of people continue to become infected with HIV each year, there are clear signs of progress against the disease at the global scale. In 2012, an estimated 2 million people were newly infected with HIV (down 37 per cent from the peak incidence in 1996) while 1.6 million people died of AIDS-related causes (down 30 per cent from the peak annual number of deaths in 2006). Success in further reducing AIDS-related mortality will hinge on progress towards universal access to treatment. In 2012, only 9.7 million people living in low- and middle-income countries were receiving treatment, out of an estimated 28.3 million in need of treatment in those countries.

26. Although substantial progress has been made, the world will not achieve the Conference and Millennium Development Goal target of a 75 per cent reduction in the maternal mortality ratio by 2015. The global maternal mortality ratio fell from 400 deaths per 100,000 live births in 1990 to 210 deaths per 100,000 live births in 2010, cutting the number of maternal deaths that occur each year nearly in half, from 543,000 in 1990 to 287,000 in 2010. More than half of all maternal deaths now occur in sub-Saharan Africa, where the maternal mortality ratio was 500 deaths per 100,000 live births in 2010.

27. Common non-communicable diseases, such as cardiovascular ailments, cancers, diabetes and respiratory diseases, are responsible for substantial burdens of morbidity and mortality in both more and less developed regions. Risk factors, such as smoking, and unhealthful diets and physical inactivity that contribute to overweight and obesity, have slowed gains in life expectancy in Europe, North America and parts of Latin America and the Caribbean, and are beginning to affect other regions as well. In addition, the costs associated with detecting, treating and managing the symptoms of non-communicable diseases are high and pose a particular challenge to health systems that continue to struggle with large burdens of communicable diseases at the same time. Improving the capacity of health systems to anticipate and respond to double or triple burdens of disease (communicable and non-communicable) and injuries including through cost-effective prevention programmes, is critical to ensure that past gains in life expectancy are maintained and that progress continues into the future.

V. International migration

28. International migration has increased in size, scope, complexity and demographic significance over the past 20 years.[6] Since 1990, international migratory flows have become increasingly diverse, and many countries are now simultaneously countries of origin, destination and transit. In 2013, the number of international migrants worldwide reached 232 million, up from 154 million in 1990. Although this represents an increase of 78 million people, the share of international migrants in the world population increased only slightly, from 2.9 per cent in 1990 to 3.2 per cent in 2013. Net international migration (the number of immigrants minus emigrants) has become a primary source of population growth in the more developed regions.

29. The share of international migrants who reside in more developed regions rose from 53 per cent in 1990 to 59 per cent in 2013. In 2013, Europe and Asia combined hosted nearly two thirds of all international migrants worldwide.

30. Between 1990 and 2013, countries in the more developed regions gained more than twice as many international migrants as the less developed regions (53 million compared with 24 million). North America recorded the largest gain in the number of international migrants in that time period, with a net increase of 1.1 million migrants per year, followed by Europe, with an annual increment of 1 million and Asia with slightly less than 1 million. Between 2000 and 2013, however, Asia added more international migrants than any other major area, with a net gain of around 21 million migrants, or 1.6 million additional migrants, on average, per annum.

[6] *International Migration Report 2013* (United Nations, 2013).

Table 2
Estimated number of international migrants, increment over time, global distribution and proportion female, for the world, development groups and major areas, 1990, 2000 and 2013

	International migrants (millions)			*Increment (millions)*	*Global distribution (percentage)*			*Proportion female (percentage)*		
World, development group or major area	*1990*	*2000*	*2013*	*1990-2013*	*1990*	*2000*	*2013*	*1990*	*2000*	*2013*
World	154	175	232	77	100	100	100	49	49	48
More developed regions	82	103	136	53	53	59	59	51	51	52
Less developed regions	72	71	96	24	47	41	41	46	46	43
Least developed countries	11	10	11	0	7	6	5	47	48	45
Africa	16	16	19	3	10	9	8	47	47	46
Asia	50	50	71	21	32	29	31	46	45	42
Europe	49	56	72	23	32	32	31	51	52	52
Latin America and the Caribbean	7	7	9	1	5	4	4	50	50	52
North America	28	40	53	25	18	23	23	51	51	51
Oceania	5	5	8	3	3	3	3	49	50	50

31. In 2013, women constituted 48 per cent of the stock of international migrants. Yet there are considerable regional differences, with women accounting for 52 per cent of migrants in the more developed regions, compared with 43 per cent in the less developed regions. Since 1990, the less developed regions have witnessed a drop in the proportion of women among all migrants. This decline is primarily the result of an increase in the number of male migrants in Asia, where the share of men increased from 59 per cent in 1990 to 66 per cent in 2013, fuelled by the demand for migrant workers in oil-producing countries of Western Asia. In contrast, more traditional migrant destinations, such as Europe, Latin America and the Caribbean and North America, tend to host higher proportions of women, owing in part to the ageing-in-place of migrants, family reunification programmes and the presence of domestic workers from Asia and Africa.

32. Most international migrants are of working age — between the ages of 20 and 64 — representing 74 per cent of the global migrant stock (or 171 million people). Europe (55 million), Asia (51 million) and North America (42 million) hosted the largest number of the working-age foreign-born. Africa hosted the highest proportion of young people — below age 20 — among all international migrants (30 per cent), followed by Latin America and the Caribbean (24 per cent) and Asia (20 per cent). Sixty-five per cent of all migrants aged 65 or older were residing in Europe or North America (17 million); the ageing-in-place of migrants explains part of this phenomenon.

33. Migration between countries of the less developed regions (82.3 million in 2013) was as common as migration from the less developed to the more developed regions (81.9 million in 2013). From 1990 to 2013, the number of international migrants born in the less developed regions and residing in the more developed regions doubled, increasing from 40 million to 82 million. Over the same period, the

migrant population both originating and living in countries of the less developed regions grew from 59 million to 82 million, representing a 41 per cent increase.

34. Foreign-born residents of Africa, Asia, Latin America and the Caribbean and Europe were generally born within the major area of their current residence. In 2013, 82 per cent of international migrants living in Africa, 76 per cent in Asia, 64 per cent in Latin America and the Caribbean and 52 per cent in Europe were living in the major area of their birth. In North America, only 2 per cent of current foreign-born residents were born in a country of that region, and only about 14 per cent of foreign-born residents of Oceania were born in Oceania (see figure XII).

Figure XII

Share of international migrants from the same major area, 2013

(percentage)

Note: The boundaries do not imply official endorsement or acceptance by the United Nations. The data refer to the proportion of foreign-born people living in a particular country who were born within the major area where they are currently residing.

35. In the less developed regions, South and Western Asia hosted large numbers of migrants from neighbouring countries. For example, it is estimated that in 2013 some 2.3 million Afghans were living in Pakistan and another 2.3 million were residing in the Islamic Republic of Iran; most international migrants from Afghanistan were refugees. The majority of foreign-born people residing in oil-producing countries in Western Asia hailed from Southern Asia, with 2.9 million international migrants from India residing in the United Arab Emirates and 1.8 million in Saudi Arabia.

36. The world's largest migration corridor is between the United States and Mexico, with some 13 million international migrants from Mexico residing in the United States. In 2013, the United States hosted 2.2 million foreign-born migrants from China, 2.1 million from India and 2.0 million from the Philippines. Since 2000, the number of migrants born in China or India and living in the United States has doubled, whereas the increase in the number of Mexican migrants living in the United States was only about 31 per cent.

VI. Adolescents and youth

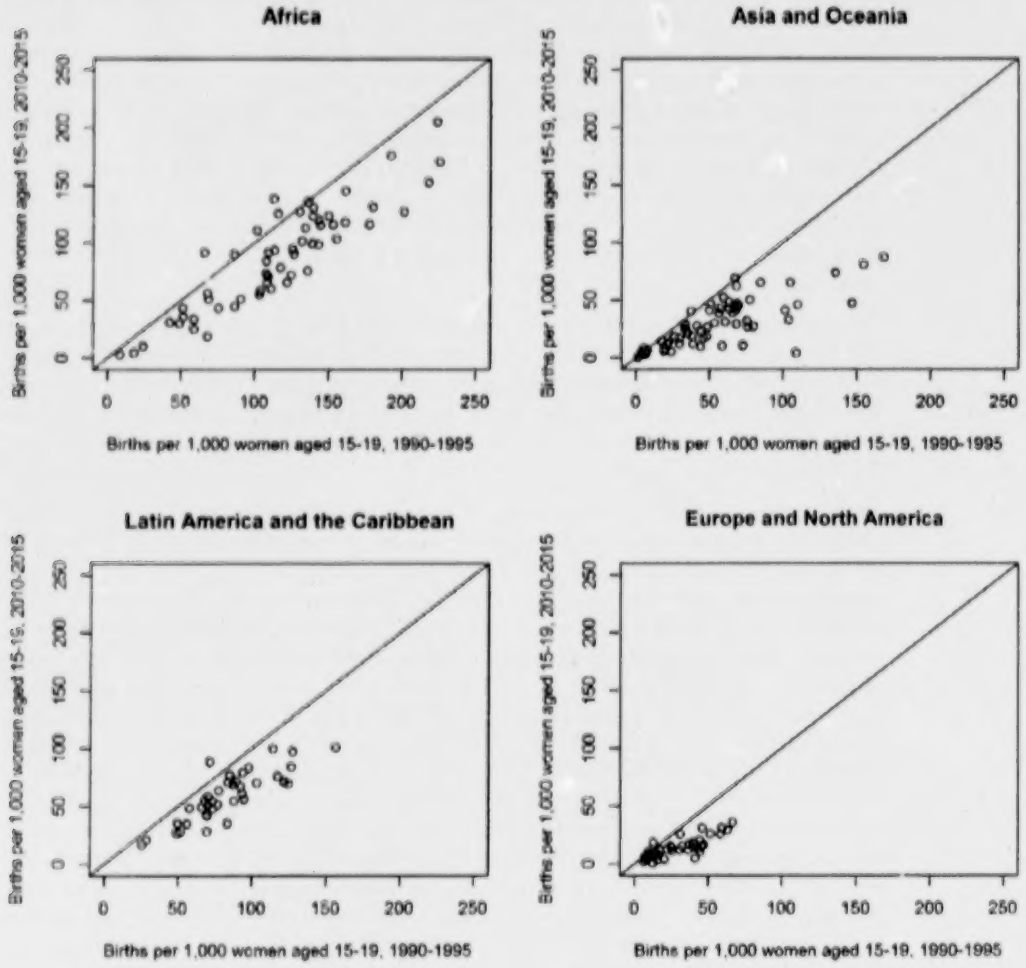
37. The number of young people (aged 15 to 24 years) has grown rapidly in recent decades. Currently, the 1.2 billion people in this age group represent around a sixth of the world's total population. The population aged 15 to 24 is still increasing rapidly in Africa, whereas it is declining, or is projected to decline, in all other major areas. Although global fertility levels are expected to continue to decline, the youthful age structure of the less developed regions ensures that there will be record numbers of young people until 2035. Provided that fertility and mortality levels in the less developed regions continue to decline, the overall number of adolescents and youth will remain relatively stable over the next 35 years. However, the proportion of the world's adolescents and youth living in Africa is expected to rise from 18 per cent in 2014 to 30 per cent in 2050, while the shares in all other major areas will decline.

38. Compared with adolescents at the time of the Cairo Conference, adolescents in 2014 are healthier and more likely to attend school, postpone entry into the labour force and delay marriage and childbearing. Because change is not occurring at the same pace everywhere, however, there are growing disparities among adolescents and youth, both within and across countries, regarding the timing and sequencing of the transition to adulthood.

39. Adolescent fertility has declined almost universally since 1994. Graphs plotting changes in the adolescent birth rate between the periods 1990-1995 and 2010-2015 reveal distinct patterns for the four major areas (see figure XIII). Africa is the most heterogeneous area with respect to levels of adolescent childbearing, but in many countries the adolescent birth rate in the period 1990-1995 was well above 100 births per year per 1,000 women aged 15 to 19. Adolescent childbearing in Africa has fallen since then (shown as points below the diagonal line), but the level remains high in many countries. By contrast, the adolescent birth rate in virtually all countries in Asia and Oceania was below 100 births per year per 1,000 women in the period 1990-1995. Nevertheless, the adolescent birth rate has fallen by 50 per cent or more in many countries. In the majority of countries in Latin America and the Caribbean, despite a substantial decline in total fertility, adolescent childbearing declined, but levels remain relatively high (between 50 and 100 births per year per 1,000 women aged 15 to 19). Declines in adolescent childbearing have been associated with increased school enrolment and a later age at marriage, among other factors. Future prospects for continued decline rest on investments in girls' education and expanded access to sexual and reproductive health information, education and services.

Figure XIII

Levels of the adolescent birth rate (births per 1,000 women per year), by country or major area, 1990-1995 compared with 2010-2015

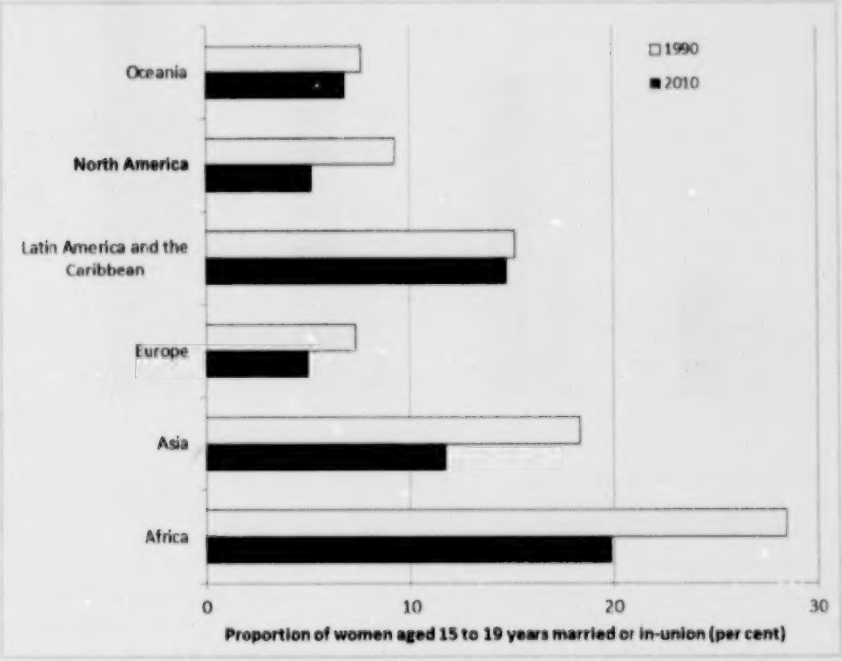


40. A young age at the start of childbearing is often a reflection of a young age at marriage and union formation. Marriage at a young age remains common in Africa, with one in five women aged 15 to 19 years married or in a union (see figure XIV).[7] Since 1990, all major areas have experienced declines in the proportion of adolescents who are married or in a union, with the exception of Latin America and the Caribbean, where the prevalence of early marriage and union formation has remained virtually unchanged over the past two decades. Governmental efforts to eliminate child marriage (typically defined as marriage before age 18) and to increase girls' educational attainment will help make childbearing and union

[7] "National, regional and global estimates and projections of the number of women aged 15 to 49 who are married or in a union, 1970-2030" (United Nations, technical paper No. 2013/2).

formation even less common in adolescence, contributing to progress in health and gender equality and women's empowerment.

Figure XIV
Percentage of women aged 15 to 19 years who are married or in a union, for major areas, 1990 and 2010

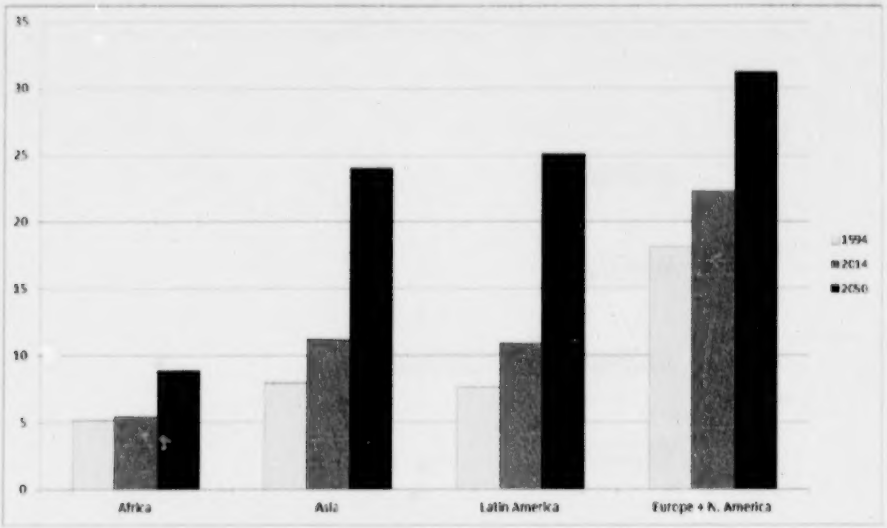


VII. Population ageing

41. Population ageing — the phenomenon by which older people become a proportionally larger share of the total population — is inevitable when people live longer and choose to have fewer children. Not surprisingly, therefore, patterns of declining fertility and mortality over the past two decades have led to significant shifts in the age structure of the world's population. Although most advanced in Europe and North America, population ageing is occurring, or will soon begin, in all the major areas of the world (see figure XV). Globally, the share of older people (aged 60 years or older) increased from 9 per cent in 1994 to 12 per cent in 2014, and is expected to reach 21 per cent by 2050.[8]

[8] *World Population Ageing 2013* (United Nations, 2013).

Figure XV
Percentage of population aged 60 years or older, for major areas, 1994, 2014 and 2050



42. While rising life expectancy is a success story, population ageing presents a number of challenges to families, communities and societies with respect to issues such as economic growth, economic security in old age, the organization of health care systems and the strength of familial support systems. Old-age support ratios, defined as the number of working-age adults per older person in the population, are already low in most countries of the more developed regions and are expected to continue to fall in the coming decades, ensuring continued fiscal pressure on support systems for older people. In settings with limited social security systems, older people are at much greater risk for poverty.

43. Older people are the world's fastest-growing age group. In 2014, the annual growth rate for the population aged 60 years or older will be almost triple the growth rate for the population as a whole. In absolute terms, the number of people aged 60 years or older has almost doubled between 1994 and 2014, and people in this age group now outnumber children under the age of 5.

44. From 1994 to 2014, Asia added the largest number of older people (225 million), accounting for almost two thirds (64 per cent) of global growth. While the growth in the number of older people was fastest in Latin America and the Caribbean and second fastest in Africa, the contribution of these regions to the global growth in the population of older people (33 million and 29 million older people, respectively) was relatively small and together accounted for only 17 per cent. The growth of the older population was slowest in Europe, yet it added more older people to its population (38 million, or 11 per cent of the global increase) than any other major area except Asia.

45. Countries in the more developed regions have older population age structures than most countries in the less developed regions. However, in absolute numbers, a majority of older people worldwide live in the less developed regions. In 2014,

about two thirds of the world's population aged 60 years or older lived in the less developed regions, and by 2050 this proportion is projected to increase to about four fifths.

46. A number of countries in the more developed regions are already facing very low old-age support ratios. For example, Germany, Italy and Japan have only 2.5 to 3 working-age adults for each older person. At the other extreme, countries such as Bahrain, Qatar and the United Arab Emirates have more than 35 people of working age per older person, owing to their large migrant populations. European countries tend to cluster at the lower end of old-age support ratios, and Latin American and Caribbean countries fall mostly in the middle range, while countries from Western Asia, South-Central Asia and sub-Saharan Africa tend to have relatively high old-age support ratios.

47. The older population is itself ageing. The share of people aged 80 years or older (sometimes called the "oldest old") within the older population was 14 per cent in 2014, and is projected to reach 19 per cent in 2050. Thus, there could be 392 million people aged 80 years or older by 2050, or more than three times today's number.

48. In virtually all countries, the older population is predominantly female. Because women live longer than men, on average, older women outnumber older men almost everywhere. In 2014, globally, there were 85 men per 100 women in the 60 years or older age group and 61 men per 100 women in the 80 years or older age group. These gender ratios are projected to increase moderately during the next several decades, reflecting a slightly faster projected improvement in old-age mortality for men compared with women.

49. These demographic changes raise important concerns about the possible weakening of familial support systems and traditional arrangements for old-age security. As a result of the trend towards lower fertility, people will have potentially fewer sources of familial care and support available as they age. Globally, 40 per cent of people aged 60 years or older live independently (alone or with their spouse only). Independent living is far more common in the more developed regions, where about three quarters of older people live independently, compared with one quarter in the less developed regions and one eighth in the least developed countries. As populations continue to age, many countries will need to adapt their policies and the provision of services to meet the demands of a population with an increasing proportion of older people.

VIII. Urbanization and city growth

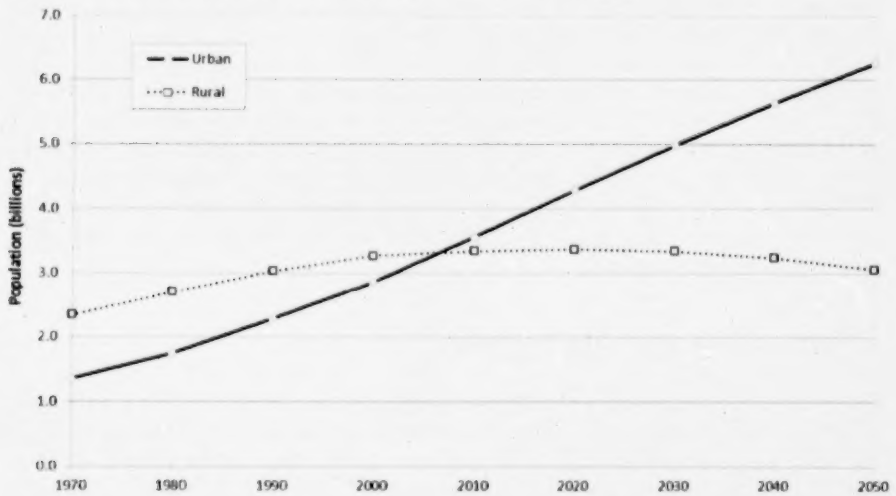
50. The world has passed a significant milestone since the 1994 Cairo Conference. More than half of the world's population now lives in urban areas (see figure XVI). The challenges associated with managing urban areas have increased in both scope and complexity. Urban growth, if well planned, has the potential to improve people's access to education, health care, housing and other services, expand opportunities for economic productivity and better manage the impact of people on the environment. At the same time, rapid urban growth presents challenges to sustainable urban planning and good governance, particularly when localities are not properly prepared for it.

51. The world's urban population increased from 2.3 billion in 1994 to 3.9 billion in 2014 and is projected to grow to 6.3 billion by 2050. By comparison, the size of the world's rural population remained basically unchanged between 1994 and 2014 and is projected to begin to contract, so that there could be 0.3 billion fewer rural inhabitants in 2050 than there are today.

52. There are marked differences in the level and speed of urbanization among major areas of the world and even greater variation between individual countries and individual cities. With three quarters of its population living in urban settlements in 2014, Latin America and the Caribbean is now predominantly an urban region, with levels of urbanization comparable to those of North America and many European countries. By contrast, Africa and Asia are considerably less urbanized, with 41 and 47 per cent of their respective populations living in urban areas; starting from lower levels, these two major areas are expected to have more rapid rates of urbanization between 2014 and 2050.

53. Megacities, defined as large urban agglomerations of 10 million inhabitants or more, have become both more numerous and considerably larger in size. Although megacities attract attention because of their size and economic significance, the proportion of people living in megacities is relatively small. In 2014, 10 per cent of the world's population resides in cities of 10 million inhabitants or more, and by 2025 that proportion is expected to increase to almost 14 per cent. By contrast, in 2014, 51 per cent of the world's population lived in urban settlements with fewer than 500,000 inhabitants; by 2025, that proportion is expected to fall to 43 per cent.

Figure XVI
Estimated world urban and rural populations, 1970-2050

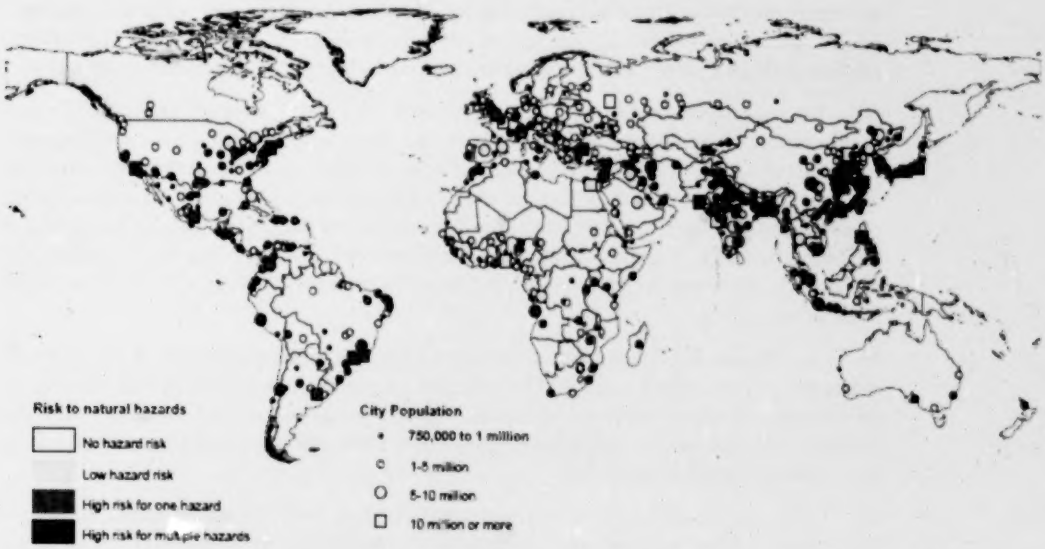


54. Tokyo is the most populous urban agglomeration in the world, with 37.2 million inhabitants, followed by Delhi, India (22.7 million), Mexico City and New York (both with 20.4 million), Shanghai, China (20.2 million), and Sao Paulo (19.9 million). In 2025, Tokyo is expected to remain the largest urban agglomeration, with 38.7 million inhabitants, followed by Delhi; Shanghai; Mumbai, India; Mexico City; New York;

Sao Paulo; Dhaka; Beijing; and Karachi, all of which are expected to have more than 20 million inhabitants.

55. In 2011, of the people living in urban areas with 1 million or more inhabitants, 60 per cent, or approximately 890 million people, were living in areas at high risk of exposure to at least one type of natural disaster, specifically, flooding, drought, cyclones or earthquakes.[9] Major cities in Africa and Europe are the least exposed to such risks. Only 37 and 26 per cent, respectively, of their large cities are located in areas at high risk of exposure to at least one form of natural disaster. However, cities in Latin America and the Caribbean, North America and, especially, Asia are often located in areas exposed to one or more natural hazards (see figure XVII). In these regions, between one half and two thirds of the cities with 1 million inhabitants or more are located in areas exposed to a high risk of at least one form of natural disaster.

Figure XVII
Distribution of cities by population size and risk of natural hazards, 2011



IX. Conclusions

56. Since the International Conference on Population and Development, held in Cairo in 1994, the world's population has grown from 5.7 to 7.2 billion, with three quarters of that growth occurring in Asia and Africa. Although population growth is slowing, projections by the United Nations suggest that the world's population will continue to increase and could reach 9.6 billion by mid-century.

57. From a demographic perspective, countries are more diverse today than at any previous point in history. At one end of the spectrum are countries that are still experiencing high fertility, resulting in youthful age structures and rapid population

[9] *World Urbanization Prospects: The 2011 Revision* (United Nations, 2012).

growth. At the other end are countries where fertility has fallen below replacement level, resulting in rapid population ageing and, in extreme cases, population decline.

58. Few countries have met the minimal benchmark of a 50 per cent reduction in unmet need for family planning, agreed upon in the 1999 key actions for the further implementation of the Programme of Action of the Conference. Thus, the provision of voluntary and high-quality family planning information, counselling and services merits further investment throughout the world.

59. Despite the progress that has been achieved in raising life expectancy over the past 20 years, most countries will fail to achieve by 2015 the life expectancy target of 75 years (70 years for the countries experiencing the highest mortality levels) set out in the Programme of Action. Only 35 per cent of countries with a life expectancy of between 60 and 75 years at the time of the Conference have surpassed 75 years in the period 2010-2015. Just one of the 53 countries with a life expectancy of less than 60 years at the time of the Conference has since surpassed 70 years. Similarly, the world will miss the Conference target of a 75 per cent reduction in maternal mortality. To accelerate progress, continued efforts are needed to improve health and survival at all stages of life, including in infancy and childhood, adolescence and youth, and the working and reproductive years, and at older ages.

60. International migration has increased in size, scope, complexity and demographic significance over the past 20 years. Since the Cairo Conference, international migratory flows have become increasingly diverse, and many countries are now simultaneously countries of origin, destination and transit. As a component of population change, net migration has become important for its role in mitigating a tendency towards population decline in some countries of the more developed regions. Positive net migration cannot, however, reverse the long-term trend towards population ageing.

61. An important consequence of observed and anticipated changes in fertility and mortality is population ageing. The number of young people has grown rapidly in recent decades but is expected to remain relatively stable over the next 35 years. By contrast, the number and proportion of older people are expected to continue rising well into the foreseeable future.

62. More than half of the world's population now lives in urban areas. Although the number of large urban agglomerations is increasing, approximately half of all urban dwellers live in smaller cities and towns. Future population growth is expected to be absorbed by urban areas. The task of managing urban areas has increased in both scope and complexity and has become one of the most important challenges of the twenty-first century.

63. In summary, the current demographic picture is one of considerable diversity and ongoing change, reflected in new patterns of childbearing, marriage, mortality, migration, urbanization and ageing. Consequently, the size, structure and spatial distribution of the world's population are expected to look quite different in the future from what they are today. Demographic change will continue to affect and be shaped by other equally important social, economic, environmental and political changes. Increased knowledge and understanding of how these factors interact can inform the international debate on the formulation of the post-2015 development agenda and the elaboration of policies to achieve both new and existing development goals.

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Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Framework of action for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 65/234, in which the Assembly requested the Secretary-General to submit a report based on an operational review of the implementation of the Programme of Action of the International Conference on Population and Development on the basis of the highest-quality data and analysis of the state of population and development and taking into account the need for a systematic, comprehensive and integrated approach to population and development issues, responding to new challenges and to the changing development environment and reinforcing the integration of the population and development agenda in global processes related to development.

The evidence presented by the review overwhelmingly supports the consensus reached at the International Conference on Population and Development that the respect, protection, promotion and fulfilment of human rights are necessary preconditions to improving the development, dignity and well-being of all people and that sexual and reproductive health and rights, and an understanding of the implications of population dynamics, are critical foundations for sustainable development. Protecting and fulfilling the human rights of young people and investing in their high-quality education, effective livelihood skills, access to sexual and reproductive health services and information, including comprehensive sexuality education, in addition to employment opportunities, are necessary for the development of their resilience and create the conditions under which they can achieve their full potential.

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The path to sustainability, outlined in the framework of action, demands better leadership and greater innovation: to extend human rights and protect all persons from human rights abuses, discrimination and violence, in order that all may have the opportunity to contribute to and benefit from development; to invest in the capabilities and creativity of the world's adolescents and youth for their own sake and to ensure future growth and innovation; to ensure the protection, inclusion and equitable participation of older persons in society; to strengthen health systems to provide universal access to sexual and reproductive health, so that all women can thrive and children can grow in a nurturing environment; to build sustainable cities that enrich urban and rural lives alike; to harness the benefits of migration and address its challenges; and to transform the global economy into one that will sustain the future of the planet and ensure a common future of human rights, dignity and well-being for all people in the years beyond 2014.

Contents

		Page
I.	Introduction	3
II.	Dignity and human rights	9
III.	Health	16
IV.	Mobility and place	24
V.	Governance and accountability	28
VI.	Sustainability	30
VII.	Financing the Programme of Action	32
VIII.	International Conference on Population and Development beyond 2014	34

I. Introduction

1. The Programme of Action of the International Conference on Population and Development, adopted in 1994, reflected a remarkable consensus among diverse States Members of the United Nations and other stakeholders that the central focus of development is human beings. It also established that increasing access to health and education and protecting human rights, especially those of women and adolescents, including their sexual and reproductive health and rights, would ultimately secure a better social and economic future and contribute to slower population growth. The Programme of Action was structured around a set of fundamental principles, defining a new paradigm for population and development that is people-centred and permeates all relevant dimensions of the human condition. It broke new ground also by endorsing a holistic approach to development, which incorporated a strong emphasis on the nexus of human well-being and environmental sustainability.

2. The Programme of Action redefined population policies away from achieving demographic targets and towards empowering people and securing conditions for equal opportunity and accountable, transparent governance systems, so that each individual can reach the highest level of human well-being and development. It repositioned population in relation to development, acknowledging the interdependence of population, sustained economic growth, the environment, consumption patterns, governance, social equity and gender equality. It acknowledged human beings as the ultimate actors in addressing their quality of life. Over a 20-year period, Governments were expected to achieve the goals and objectives of the Programme of Action by making population and development policies an integral part of comprehensive development planning premised on social equality and poverty reduction, within an equitable and sustainable development strategy based on human rights.

3. In December 2010, the General Assembly, in its resolution 65/234 on the follow-up to the International Conference on Population and Development beyond 2014, requested an operational review of the implementation of the Programme of Action and its key actions on the basis of the highest-quality data and analysis of the state of population and development, taking into account the need for a systematic, comprehensive and integrated approach to population and development issues. The Assembly also stressed the importance of responding to new challenges relevant to population and development and to the changing development environment and reinforcing the integration of the population and development agenda in global processes related to development.

4. In accordance with resolution 65/234 and in consultation with the General Assembly and other relevant partners identified in that resolution, the review was completed through a synthesis of critical input, including a global survey that was completed by States Members of the United Nations and others, consultations at the global and regional levels, thematic consultations on a range of development issues, including on youth, human rights and women's health, and an evidence-based analysis of progress since 1994. The global survey was completed by 176 Governments and six territories and areas, representing all regions, and the responses were analysed at the global and regional levels.

Uneven progress since 1994

5. The evidence of the review overwhelmingly supports the validity of the consensus reached at the International Conference on Population and Development. Between 1990 and 2010, the number of people living in extreme poverty as a share of the total population in developing countries fell by more than half (from 47 per cent in 1990 to 22 per cent in 2010), meaning that almost 1 billion fewer people were living in extreme poverty. Large gains in primary school completion between 1999 and 2009 were achieved, especially among girls; 158 countries now have legislation on a minimum age of marriage at or above 18 years; maternal mortality worldwide fell by 47 per cent between 1990 and 2010; and global fertility fell by 23 per cent.

6. There has been a significant correlation between increasing female literacy, healthier families and stronger gross domestic product growth. The entry of women into the export manufacturing sector in parts of Asia has been one of the key drivers of that region's economic growth. Gains in the educational attainment of girls are also contributing to the success of Asia and Latin America in the knowledge-based economy. Many countries have experienced significant economic development, which has been accompanied by a continued decline in the global population growth rate (from 1.5 per cent per year in 1990-1995 to 1.1 per cent per year in 2010-2015).

7. Progress has been unequal and fragmented, however, and new challenges, realities and opportunities have emerged. For example, progress towards gender equality remains far from universal, with gender-based discrimination and violence continuing to plague all countries. Millions of early, forced and child marriages continue to be conducted in defiance of laws and international human rights obligations. Hundreds of millions of women live in countries in which domestic violence is not a crime, or where laws against it are not enforced. While all members of the population suffer in conditions of structural poverty, the threats to the survival and well-being of women are especially acute. Lack of access to health services, in particular sexual and reproductive health services, and the burdens of food production, obtaining drinking water and unpaid labour fall disproportionately on poor women and girls. In addition to discrimination and inequality on the basis of gender, many people continue to face stigma, violence, structural inequalities and other threats to their well-being because of their age, because they have a disability or are from an indigenous group or a racial or ethnic minority or on the basis of their sexual orientation or gender identity, among other factors.

8. The rise of the global middle class has been shadowed by rising inequality, both within and between countries. More than 70 per cent of the world's poorest people live in middle-income or high-income countries. Less than 1 per cent of the world's population control more than 40 per cent of the world's wealth, while the poorest 69 per cent control 3 per cent of global wealth. Inequality impedes trust and social cohesion, threatens public health and marginalizes the poor and the middle class from political influence and economic and social advancement. Current trajectories of wealth concentration threaten efforts to reduce poverty and advance human progress.

9. Similarly, while the world has made significant gains in health and longevity, the gains have not been shared by all. Advances in some aspects of sexual and reproductive health, such as maternal and child health, HIV and AIDS prevention and mitigation and contraceptive use, have been considerable over the past two

decades. Nevertheless, 800 women died each day from causes relating to pregnancy and childbirth in 2010, while more than 8 million young women from 15 to 24 years of age in developing countries experienced unsafe abortions in 2008, a factor partly to blame for the high number of pregnancy-related deaths among teenage girls. The advent of antiretroviral drugs has helped to avert 6.6 million AIDS-related deaths, including 5.5 million deaths in low-income and middle-income countries, yet in some areas HIV incidence is rising or declines have stalled. At the same time, the incidence of non-communicable diseases is rising in all countries.

10. An estimated 1 billion people are living in the 50-60 countries that have seen only limited gains in health and well-being since 1994. It is in those countries, and among poorer populations within wealthier countries, where many of the objectives of the Programme of Action of the International Conference on Population and Development remain unfulfilled.

New realities, challenges and opportunities

11. The global population surpassed the 7 billion mark late in 2011, marking a doubling since 1970. The dramatic decline of fertility since the International Conference on Population and Development has led to a decrease in the global population growth rate. Looking ahead, medium-variant projections from the United Nations anticipate a population of 8.4 billion by 2030 and 9.6 billion by 2050. Virtually all this growth will be in developing countries.

12. Global and regional population trends mask considerable and growing heterogeneity of demographic experiences around the world. The demographic transition associated with declining fertility and mortality, together with the transition from rural to urban areas, has produced unprecedented changes in population size, age structure and spatial distribution.

13. Declining fertility rates — driven in part by marked declines in infant and child mortality and expanded choices for women — have been providing some low-income and middle-income countries with a window of opportunity for unusually rapid economic growth known as the "demographic dividend". Because the proportion of the population that is in the working age range is historically high in these countries, these cohorts can — if provided with adequate education, health and employment opportunities — help to accelerate economic growth and development. Sub-Saharan Africa will experience a particularly rapid increase in the size of the population between 15 and 24 years of age in the coming decade.

14. Globally, the number of older persons aged 60 years or over is projected to increase from 870 million in 2014 to more than 2 billion by 2050. Older persons are the world's fastest-growing population group, amid rapidly changing family and household structures and weakening family support systems. While significant advances have been made in health care over the past decades and life expectancy has increased, many older persons, especially in developing countries, continue to live in poor health because they lack access to adequate and affordable health care. Owing to longer life expectancy among women, older women outnumber older men in most societies and often face greater vulnerability. Population ageing presents social, economic and cultural challenges to individuals, families and societies, but also the long-term potential for what has been described as the second demographic dividend — increased opportunity for investment in children's education and a greater accumulation of personal and collective assets as a result of longer lifespans,

slower labour force growth and population ageing — which can enrich both households and the larger society.

15. Marriage patterns and the ways in which people organize themselves into households have experienced enormous changes in the past 20 years, resulting in more diverse types of households, including a notable rise in the proportions of people living alone, marrying late or not at all, choosing to have no children or raising children as a single parent. Such changes fundamentally alter the challenges of ensuring adequate and secure housing, long-term care for older persons and social protection, while, more broadly, preventing unsustainable consumption and energy use.

16. Since the International Conference on Population and Development, many more people are on the move, both within and across countries. It is estimated that more than three quarters of a billion people worldwide were internal migrants in 2005, living in their home countries but outside their region of birth. Increasingly, women are migrating on their own or as heads of households and principal wage earners. More than half of the world's population now live in urban areas. Most population growth is expected to occur in urban areas over the coming 30 years. Notwithstanding numerous stresses within urban areas, including evidence of heightened violence and risks associated with informal settlements, urban areas continue to attract rural populations, especially young adults seeking greater economic opportunities and social freedom.

17. Contemporary patterns of international migration are significantly more complex and varied than those of the past. In 2013, there were 232 million international migrants, benefiting both countries of destination and origin through their valuable labour and remittances. The growth and diversification of migration patterns have meant that an increasing number of countries are affected by international migration and that many countries are now simultaneously places of origin, transit and destination.

18. With global economic growth has come a worrisome increase in greenhouse-gas emissions. In 2013, the concentration of carbon dioxide in the atmosphere surpassed the milestone of 400 parts per million, suggesting that the opportunity to keep climate change below tolerable levels is diminishing. Climate change also poses a particular threat to the livelihoods and well-being of most of the world's population, including those who have made little or no contribution to greenhouse-gas emissions. The need for truly global leadership on environmental sustainability grows more pressing each day.

19. Access to mobile phones and the Internet and the spread of social media across countries and regions have made information and knowledge far more widely accessible. Connectivity has helped many people to become aware of their rights and made evident the inequality that they experience as they learn how others live. The information revolution has the potential to empower people and increase their capabilities, yet many are being left behind in a globalizing, information-dependent world.

20. The Millennium Development Goals, established at the turn of the century, broadly reflect the consensus of the International Conference on Population and Development. Both are central to the formulation of the post-2015 agenda. The Goals have influenced global and national development policies, resource

allocations and development accountability benchmarking for almost 15 years. Recent reviews of the Goals, however, have highlighted the critical importance of overarching guiding principles such as human rights, equality and sustainability, which were missing from the Goals framework. Also missing were complementary and necessary policy areas, such as inclusive economic growth and a significantly greater and sustained investment in the social sector.

21. Investment across and within countries to redress social and economic disparities is required for inclusive economic, social and sustainable development. Support for groups that are at a structural disadvantage, including women of all ages, people living in poverty and other marginalized and vulnerable groups, is critical to reducing such inequalities. As the United Nations considers a new, global post-2015 development agenda, the goals, objectives and vision of the International Conference on Population and Development, in addition to the findings and recommendations of the review, should be integral to this dialogue.

Population and development beyond 2014

22. The operational review provides evidence that few Governments and their development partners have achieved either the deep and broad progress in specific sectors or the multisectoral implementation envisaged in the Programme of Action. In the health sector, for example, few countries have made measurable progress towards integrated sexual and reproductive health services or managed to provide comprehensive education on human sexuality to all adolescents and youth. Similarly, decades of attention to international migration notwithstanding, large numbers of migrants, whether documented or in an irregular situation, continue to be excluded from full participation in their societies of destination. In numerous examples across multiple sectors, development efforts continue to fail to ensure universal respect for human rights or consistent investment in the capabilities and dignity of disadvantaged individuals throughout the life course.

23. The results of the operational review point to a way of framing action in population and development beyond 2014 that is built on the five integrated thematic pillars of dignity and human rights, health, mobility and place, governance and accountability, and sustainability. While these aspirations are interlinked and reaffirm one another, they offer distinct organizing dimensions for reviewing the numerous principles, goals, objectives and actions contained within the 16 chapters of the Programme of Action.

24. At the centre of realizing dignity and human rights for all lay eradicating extreme poverty, ending discrimination and human rights violations and ensuring social inclusiveness. Current levels of economic inequality threaten future economic growth, the security of societies and the capacity of people to develop, adapt and innovate in response to changing environmental and other conditions. Discrimination against select population groups remains common in most countries, while discrimination against women is evident in all societies. The cost of discrimination is high, given that it negatively affects physical and mental health, educational attainment and productivity, among other things. Action is needed to eliminate discrimination and marginalization and promote a culture of respect for all. The principal message of the International Conference on Population and Development in 1994 — that the fulfilment of individual rights and capabilities is the foundation of sustainable development — is even more relevant today, with

ample evidence that investments in substantive equality for all persons result in long-term development and population well-being.

25. Between 1990 and 2010, the global health burden shifted towards non-communicable diseases and injuries, while communicable, maternal, nutritional and neonatal conditions persisted in developing countries. Significant improvements in sexual and reproductive health notwithstanding, many people have been left behind. Continued progress will depend on sustained attention to strengthening the reach, comprehensiveness and quality of health systems. If women are to enjoy their human rights and contribute fully to the enrichment and growth of society, to innovation and to sustainable development, they must be able to decide on the number and timing of their children, free from discrimination, violence and coercion, with access to sexual and reproductive health services necessary to prevent illness, disability or death and with confidence in the probable health and survival of their children.

26. International migration is a powerful tool for reducing poverty and enhancing opportunity for individuals and for countries of origin, transit and destination. While many migrants are able to take advantage of new opportunities, others have become victims of trafficking, exploitation, discrimination and other abuses. For those moving and for those displaced within or beyond national borders, insecurity of place represents a fundamental threat to dignity and leads to a disproportionate risk of violence, poverty and adverse health outcomes.

27. The world has seen important shifts in the diffusion of authority and leadership since 1994, with a growing multiplicity of national, municipal, civil society and other non-State actors. International human rights protection systems have gained in authority, jurisdiction and monitoring power, while the formal participation of civil society as a political force has grown measurably since 1994, yielding important shifts in rights-based investments. Globally, the International Conference on Population and Development generated momentum for the creation and renewal of institutions to address population dynamics, sustainable development, sexual and reproductive health, the needs of adolescents and youth and gender equality. As the world determines new development goals for the future, including continuing to work to achieve the goals and objectives of the Programme of Action, the generation and use of accurate data and knowledge, expanded and effective participation by stakeholders and strong leadership at the local, national and global levels are essential.

28. Sustainable development has become a singular challenge to humankind in the twenty-first century. That the poor bear the brunt of environmental burdens and that the accustomed model for improving living standards, expanding opportunities and guaranteeing dignity and human rights is proving unsustainable is one of the major ethical quandaries in human history. An integrated and comprehensive approach to population and development based on the results of the operational review is essential to achieving sustainable development. While the objectives of the International Conference on Population and Development touched on many dimensions of well-being across the life course and on many domains of population and development, they each contribute, in the main, to the fulfilment of dignity and human rights, good health, a safe and secure place to live and mobility.

29. Given that the respect, protection, promotion and fulfilment of human rights are necessary preconditions for realizing all the unfulfilled objectives of the

Programme of Action, the elaboration and fulfilment of rights are a critical metric for determining whether, for whom, and to what extent aspirations have been achieved.

30. The vital importance of the paradigm shift of the International Conference on Population and Development, subsequently affirmed by progress in the two subsequent decades, was precisely in demonstrating that both individual and collective development aspirations benefit from a central focus on individual dignity and human rights. By updating and advancing the implementation of such principles, Governments can attain the goals set forth in 1994 and accelerate progress towards a resilient society and a sustainable future for all. Central to this updating process are laws and policies to ensure respect for and protection of the sexual and reproductive health and rights of all individuals.

II. Dignity and human rights

31. The principles of the Programme of Action affirm that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms as set forth in the Universal Declaration of Human Rights, without distinction of any kind. The Programme of Action calls for the eradication of all forms of discrimination, including on grounds of sex, and asserts that the principal aim of population-related goals and policies is to improve the quality of life of all people. The principles of the Programme of Action establish the link between dignity and rights and individual well-being. Addressing the underlying structural factors that shape economic, political and social realities, while ending discrimination and human rights violations, on the basis of equity and social inclusiveness, is the key to ensuring dignity.

Poverty and inequality

32. Poverty has many manifestations. It is the lack of income and wealth, but also includes many other deprivations, such as food insecurity, lack of health care, education and other basic services, inadequate or no housing, lack of safety or means of redress and lack of voice or access to information or political participation. Poverty is dynamic, with some trapped in it while others move in and out. Some people fall into, or deeper into, poverty as the result of external shocks, such as poor governance, financial crises, natural disasters, conflict or health or family crises.

33. Poverty occurs in all countries and women often bear a disproportionate burden of its consequences, as do children. Because poverty has historically been measured at the household level, without measures of intra-household inequality, the differential poverty of women and men has been difficult to measure. Where analysis of household data has been made, however, results indicate that women are more likely to live in a poor household than men, with larger differences observed in rural areas. Poverty among specific population groups such as persons with disabilities or older persons is also difficult to measure. Nonetheless, poverty is typically higher among those who belong to population groups that are structurally at a disadvantage or experience sustained social stigma. In this regard, poverty both results from, and is reinforced by, discrimination. Ending large social and economic disparities is at the centre of achieving dignity for all.

34. Over the past decades, great progress has been made in reducing the number of persons living in extreme poverty. Some 700 million fewer people lived in conditions of extreme poverty in 2010 than in 1990, with much of the progress made in a few large countries, primarily China and India. While levels of absolute poverty have been declining, income and wealth inequality has been growing. Political, economic and social factors contribute to sustaining, and at times worsening, inequality. Wealth inequality threatens future economic growth, the security of societies and the capacity of people to adapt to changing environmental conditions.

35. **Governments should develop, strengthen and implement effective, integrated, coordinated and coherent national strategies, including through equitable livelihood opportunities, to eradicate poverty and break the cycles of exclusion and inequality as a condition for achieving development, also targeting persons belonging to marginalized or disadvantaged groups, in both urban and rural areas, guaranteeing for all people an opportunity to live a life free from poverty and to enjoy protection and full exercise of their human rights.**

Empowerment of women and gender inequality

36. The empowerment of women and gender equality remain unfulfilled objectives of the Programme of Action. Discrimination against women is nearly universal and manifests itself in violations and abuses of their human rights, in unequal opportunities to expand their capabilities, in unequal pay and in many other ways. Achieving gender equality is a human rights imperative and also an essential and effective means of achieving inclusive and thus more sustainable development.

37. The gender gap in labour force participation has narrowed only slightly since 1990. Women continue to be paid less than men for equal work and are substantially overrepresented in vulnerable and informal employment, where jobs are less secure and provide fewer benefits. Women also bear a disproportionate share of unpaid household labour. Furthermore, they remain substantially underrepresented in positions of power and decision-making in politics, business and public life, the very arenas where norms of equality and non-discrimination would have far-reaching influence on society.

38. Child marriage — a violation of the rights of the child — remains common in many countries. If current trends continue, by 2020, an additional 142 million girls will be married before their eighteenth birthday. Other harmful practices, such as female genital mutilation/cutting and the many manifestations of son preference, remain prevalent. Gains in universal primary education for both sexes notwithstanding, adolescent girls are disproportionately excluded from lower and higher secondary education. Investments in the education of girls produce significant benefits for the girls themselves and for society at large, including reductions in child mortality.

39. Violence against women and girls is one of the most prevalent forms of human rights violations worldwide, resulting in extreme insecurity and lifelong costs. An estimated 35 per cent of women worldwide report that they have experienced physical and/or sexual abuse, mostly at the hands of an intimate partner. A 2013 United Nations multi-country study carried out in Asia and the Pacific found that nearly half of the 10,000 men interviewed reported using physical or sexual violence against a female partner, ranging from 26 to 80 per cent across the sites

studied. Nearly a quarter of men interviewed reported perpetrating rape against a woman or girl, ranging from 10 to 62 per cent across sites. Respondents reported beginning to perpetrate violence at young ages, often in their adolescence and some even at ages younger than 14 years. Of those men who admitted to rape, the vast majority (from 72 to 97 per cent in most sites) had experienced no legal consequences, confirming that impunity remains a serious issue. Across all sites studied, the most common motivation that men cited for rape was a belief that men have a right to sex with women regardless of consent.

40. **Governments should facilitate and ensure equal opportunities for women to contribute to society as leaders, managers and decision makers, granting them access to positions of power equal to those of men in all sectors of public life. As part of such efforts, it is important to address public views and values regarding sexism or other forms of discrimination, including through creative communication and education campaigns, and to monitor them regularly as indicators of social development. They should also ensure the equality of men and women in law and in practice, the elimination of all forms of violence against women and the empowerment of women to exercise all human rights, including reproductive rights.**

Adolescents and youth

41. Adolescents and youth between 10 and 24 years of age, who are approaching or beginning the productive and reproductive ages, are central to the development agenda of the coming two decades, in particular in the global South, where they accounted for 28 per cent of the total population in 2010, and in Africa, where they accounted for more than 31 per cent of the population. While this proportion will decline in most regions in the coming 25 years, it will remain above 20 per cent in all regions except Europe and Northern America and above 30 per cent in Africa until 2035.

42. Primary school enrolment rates have reached 90 per cent worldwide, although with considerable variation across regions and within countries. In 30 per cent of countries, fewer girls than boys are enrolled in primary education. Girls face even greater barriers in access to secondary education, especially in sub-Saharan Africa and Southern and Western Asia. Numerous reasons include gender discrimination both inside and outside schools, early marriage, demand for household labour, risk of sexual harassment and assault, lack of sanitation facilities, family unwillingness to pay school fees for girls and the hazards of the daily journey to school. **Governments should ensure that every child and young person, regardless of circumstances, enjoys access to high-quality pre-primary, primary and secondary education and has a rapid, safe and productive transition from school to working life and adulthood. Governments should make special efforts to tackle school dropout rates among boys and girls, create an environment conducive to enrolling those who have never been to school and to keeping girls, including married or pregnant girls, in school and ensure admission or re-entry to school after delivery.**

43. A lack of high-quality education and differences in quality create serious challenges at all levels of schooling. Indeed, the top two priorities identified in the global survey by Governments in all regions were improving the quality of education and the coverage of education. When requested to identify public policy

priorities for education over the coming 5 to 10 years, more than half of Governments highlighted the importance of improving quality standards in education, including the curriculum (61 per cent) and maximizing social inclusion, equal access and rights (55 per cent). Africa was the only region in which a higher proportion of Governments mentioned coverage, pointing towards the unfinished agenda of universal enrolment.

44. For youth overall, Governments responding to the global survey accorded priority to economic empowerment and employment (70 per cent) and social inclusion and education (both 56 per cent). Such priorities underscore the intersections between the right to productive employment and decent work and key links to education, training, social integration and mobility, taking into account gender equality. In addition, the regional review outcomes and the global review emphasized full and effective participation of young people, in addition to the importance of investing in young people as key agents of development and social change.

45. Providing access to decent work for young people is crucial for the progression towards wealthier economies, fairer societies and stronger democracies. This is a concern for both industrialized and developing countries. Of the estimated 197 million unemployed people in 2012, nearly 40 per cent were between 15 and 24 years of age. The global economy will need to create hundreds of millions of new, productive jobs over the coming decade in order to reduce current unemployment levels and provide opportunities for the anticipated 40 million labour market entrants each year over that decade.

46. In many countries, the unemployment scenario is further aggravated by the large numbers of young people working in poor-quality and low-paid jobs with intermittent and insecure work arrangements. As many as 60 per cent of young persons in developing regions are either without work, not studying or engaged in irregular employment and thus not achieving their full economic potential. The 49 least developed countries face a stark demographic challenge, given that their collective population — about 60 per cent of whom is under 25 years of age — is projected to double to 1.7 billion by 2050. For the coming decade, these countries will have to create some 95 million jobs to absorb new entrants to the labour market and another 160 million jobs in the 2020s. **Governments should invest in building the capabilities of young people and equipping them with the skills needed to meet the labour demands of current and emerging economies. They should develop labour protection policies and programmes to ensure employment that is safe, secure and non-discriminatory and that provides a decent wage and opportunities for career development. Such efforts should include a focus on productive investment in technologies, machinery and infrastructure and the sustainable use of natural resources to create employment opportunities for young people.**

Older persons

47. An inevitable consequence of demographic changes resulting from fertility decline and increased longevity is population ageing. Globally, in the past 20 years, the number of persons aged 60 years or over increased by 56 per cent, from 490 million in 1990 to 765 million in 2010. Populations in all regions are ageing,

with more than 20 per cent of the global population projected to be above 60 years of age by 2050.

48. While population ageing poses social, economic, cultural and other challenges to individuals, families and societies, it also presents opportunities. Many older persons continue to work and provide invaluable contributions to their families, communities and societies well into old age. As people live longer, however, concerns about the financial sustainability of public pensions, health care for older persons and old-age social care benefits, all of which need to be paid over longer periods, are leading to important debates over policy amendments. There are also concerns about the long-term viability of intergenerational social support systems, which are crucial to the well-being of both the older and younger generations. Not all older persons require support, nor do all persons of working age provide direct or indirect support to older persons. In fact, older persons in societies with generous pension schemes often provide substantial financial support to their adult children and grandchildren.

49. **Governments should ensure opportunities for flexible employment, lifelong learning and retraining, which are critical to enabling and encouraging older persons to remain in the labour market — for their own benefit, for that of their families and as an essential resource for successful economies that cannot afford to lose their experience and expertise.**

50. A large majority of the world's older persons have no formal social protection. Many older persons face discrimination, abuse and violence. Older women are particularly vulnerable. **Governments should ensure the social protection and income security of older persons, with particular consideration for older women, those living in isolation and those providing unpaid care, by extending pension systems and non-contributory allowances, by strengthening intergenerational solidarity and by ensuring the inclusion and equitable participation of older persons in the design and implementation of policies, programmes and plans that affect their lives.**

Persons with disabilities

51. Disability is a circumstance experienced by a majority of people in the world at some point in their lives — some throughout their lives, some for only a phase. While estimates vary, between 15 and 20 per cent of persons aged 15 years or older around the world are estimated to be living with a disability. Of those persons, between 2 and 4 per cent have significant or severe disabilities. Disability is experienced unevenly across countries, with higher-income countries less affected than poorer countries; within countries, women and older persons bear a disproportionate burden of disability. The number of persons with disabilities is growing as a result both of population ageing and the spread of non-communicable diseases such as diabetes, heart disease and dementia.

52. Although understudied, available evidence suggests that disability can be both a driver and a consequence of poverty. Studies in developed and developing countries have shown that disability hampers educational attainment and limits labour market participation. **Governments should monitor and eradicate all forms of discrimination in employment against persons with disabilities and develop enabling policies and programmes to ensure employment that is safe and secure and that provides a decent wage.**

53. Persons experiencing disabilities are more likely than able-bodied persons to experience violations of dignity and rights, including social exclusion, violence and prejudice. The implications of disability, including the need for social support, extend beyond the individual to households and families affected by disability, as reflected in the resources spent on health care, loss of income, social stigma and the need for caregiver support systems. **Governments should monitor and eradicate all forms of direct and indirect discrimination towards persons with disabilities in order to meet their needs in education, employment, rehabilitation, housing, transportation, recreation and communal life. Governments should also design national programmes to support family caretakers and to mitigate the social isolation experienced by many persons with disabilities.**

Indigenous peoples

54. There are an estimated 370 million indigenous people worldwide. Many indigenous peoples have historically been subject to social and political marginalization. They have often been denied the opportunity to sustain their own cultural heritage and to fully integrate into the prevailing social, political and economic system of the countries in which they reside.

55. For many indigenous peoples, structural discrimination includes the violence of forced displacements, loss of homeland and property, separation of families, enforced loss of language and culture, the commodification of their cultures and a disproportionate burden of the consequences of climate change and environmental degradation. **Governments should adopt, in conjunction with indigenous peoples, the measures needed to ensure that all indigenous peoples enjoy protection from, and full guarantees against, all forms of discrimination and violence and take measures to ensure that their human rights are respected, protected and fulfilled. Governments should respect and guarantee the territorial rights of indigenous peoples, including those living in voluntary isolation and those in the initial phase of contact, with special attention to the challenges presented by extractive industries and other global investments and by mobility and forced displacements. Governments should design policies that respect the principle of free, prior and informed consultation on matters that affect indigenous peoples, pursuant to the provisions of the United Nations Declaration on the Rights of Indigenous Peoples.**

Non-discrimination applies to all persons

56. Many individuals and groups continue to be frequently exposed to discriminatory behaviour, including stigma, unfair treatment or social exclusion, in relation to various dimensions of their identity or circumstances. In addition to the discrimination experienced by women and girls, young and older persons, persons with disabilities and indigenous peoples, persistent inequalities are faced by other groups that are discriminated against on the basis of their race, ethnicity, migration status, HIV status, sexual orientation or gender identity or because they are engaged in sex work. Discrimination may be compounded by laws criminalizing the behaviour that defines their group status or by the absence of social protection for all persons. The persistence of discriminatory laws, or the unfair and discriminatory application of laws, may reflect underlying stigma held by powerful sectors of society, generalized public indifference and/or weak political leverage of those suffering discrimination.

57. For ethnic and racial minorities, historic and sustained discrimination can lead to intergenerational cycles of poverty and disadvantage. Estimates of global ethnic diversity have documented 822 ethnic groups in 160 countries. In a wide range of countries, public health data illustrate persistent disparities in morbidity and mortality among racial and ethnic minorities, reflecting the collective impact of numerous overlapping forms of discrimination in access to health care, education, paid employment, nutrition and housing; socioeconomic and wealth disparities; and limited opportunities for advancement during the life course. **Governments should guarantee opportunities for the full and equal participation of racial and ethnic minorities in social, economic and political life, guarantee free and safe integration in housing, lead open dialogue on agreed public reconciliation and/or redress for past wrongs and actively promote ties of mutual regard.**

58. The regional ministerial review outcomes focused particular attention on the many people throughout the world who continue to suffer from discrimination and contained commitments to fill the gaps in that regard. The regional review outcomes reinforced the importance of the principles of freedom and equality in dignity and rights, in addition to non-discrimination. The global survey and the regional review outcomes highlight the persistent gaps in fulfilling the human rights principles of non-discrimination affirmed by the International Conference on Population and Development. The discrimination and risks of harassment and physical violence that some groups or individuals face remain considerable. The discrimination and structural violence that people face, including on the basis of gender, age, race, ethnicity, sexual orientation and gender identity or disability, contradict the principles of the Conference and hinder the right of such individuals to well-being, limiting their capacity to fully contribute to and benefit from society. The commitment to individual well-being cannot coexist with tolerance of hate crimes or any form of discrimination. **Governments and the international community should express grave concern about acts of violence, discrimination and hate crimes committed against individuals on the basis of their sexual orientation or gender identity. National leaders should advocate the rights of all persons, without distinction of any kind.**

59. The global survey and the regional review outcomes highlight the continuing gaps in fulfilling the human rights principle of non-discrimination affirmed by the International Conference on Population and Development in cases in which the rights of individuals or groups remain vulnerable, with direct effects on their health, including risks of HIV and AIDS, and heightened exposure to violence, including sexual violence. The regional review outcomes contain many commitments and actions intended to close the gaps. Doing so requires protecting the human rights of all individuals, including the right to gainful employment, residence, access to services and equality before the law. **Governments should guarantee equality before the law and non-discrimination for all people by adopting laws and policies to protect all individuals, without distinction of any kind, in the exercise of their social, cultural, economic, civil and political rights. Governments should also promulgate laws, where they are absent, and enforce laws to prevent and punish any kind of violence or hate crimes and take active steps to protect all persons from discrimination, stigma and violence.**

Social cost of discrimination

60. The past 20 years have witnessed enormous leaps in the scientific understanding of how discrimination and stigma affect both physical and mental health, suggesting that a climate of discrimination curtails the well-being and productivity of persons and nations. Nevertheless, physical harassment, bullying and violence are not the only causes of compromised health and productivity. Similar effects are prompted by pervasive negative stereotypes, the experience of stigma and the fear of discrimination. The costs to society of having substantial proportions of its people undergoing a sustained struggle to protect and uphold their dignity and well-being should be a concern for political leaders, given the evident loss of human resources to discrimination (including the loss to health and productivity) and the potential for increased social instability where human suffering is not addressed.

61. **Comprehensive measures are needed to ensure non-discrimination, equality and the realization of human potential for all population groups. Governments should tackle the multiple and overlapping forms of inequality, disempowerment and discrimination through commitment to equality and non-discrimination for all persons, without distinction of any kind, in the exercise of their social, cultural, economic, civil and political rights, including the right to gainful employment, residence and access to services, in addition to the need to promulgate and enforce laws that take active steps to protect people from discrimination, stigma and violence. In adopting, or where they exist, adapting legal frameworks and formulating necessary policies, Governments should facilitate the full participation of those who experience discrimination. Governments should also invite and encourage the participation of civil society throughout the process of designing, implementing and evaluating those policies.**

III. Health

62. Trends in global population health between 1990 and 2010 are striking in two ways. First, the composition of the global health burden has shifted dramatically away from communicable diseases and towards non-communicable diseases and injuries, in part owing to global population ageing. Second, communicable diseases and maternal, nutritional and neonatal conditions (often referred to as "diseases of poverty") have persisted as leading causes of death in sub-Saharan Africa and Southern Asia. Improvements in the quality and accessibility of health services since the International Conference on Population and Development have led to significant gains in many health indicators, including many sexual and reproductive health indicators. Nevertheless, aggregate improvements mask growing inequalities, both within and between countries, with far too many countries exhibiting progress among households in the upper wealth quintiles, while progress is flat or marginal among poor households and also falls short for marginalized and disadvantaged groups such as indigenous peoples.

63. The persistence of weak sexual and reproductive health outcomes among the poor, in particular in Africa and Southern Asia, underscores the need to strengthen the reach, comprehensiveness and quality of health systems. The right to health obligates Governments to identify and eliminate economic, social, systemic and service-related barriers, including by protecting and promoting the right to

education and information, so that individuals can enjoy the highest attainable standard of health, including sexual and reproductive health. Inequalities and inequities must also be addressed through deliberate planning and budgeting, in addition to the specific actions indicated in the present section.

Child survival

64. There has been substantial progress since the International Conference on Population and Development towards reducing infant and child mortality. Under-5 mortality has declined by 47 per cent globally, from 90 deaths per 1,000 live births in 1990 to 48 in 2012. The number of under-5 deaths in the world fell from 12.6 million in 1990 to 6.6 million in 2012. Nevertheless, preventable diseases cause most under-5 deaths, more than half of which are due to pneumonia, diarrhoea and malaria. Progress in reducing deaths that occur within the first month of life (the neonatal period) has been slower. The share of neonatal deaths among under-5 deaths worldwide increased from 37 per cent in 1990 to 44 per cent in 2012. **Child survival efforts must increasingly focus on newborns and care for women throughout pregnancy, delivery and postpartum. Simple and cost-effective interventions, such as postnatal home visits, have proved effective in saving newborn lives. Given that one third of neonatal deaths are caused by complications from preterm birth, antenatal care, skilled attendance at birth and ready access to emergency obstetric care increase the chances of newborn survival.**

Sexual and reproductive health and rights and lifelong health for young people

65. The largest generation of adolescents ever in history is now entering sexual and reproductive life. Their access to sexual and reproductive health information, education and services is essential to their lifelong health and to achieving the goals of the Programme of Action, which urges countries to meet the educational and service needs of adolescents in order to enable them to deal positively and responsibly with their sexuality, to ensure that health-care providers do not restrict adolescents' access to services and information and to provide services that safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, free of coercion, discrimination and violence. **Governments should remove legal, regulatory and social barriers to sexual and reproductive health information, education and services for adolescents and take action on the commitment on the right of adolescents and youth to have control over and decide freely and responsibly on matters relating to their sexuality, including sexual and reproductive health, free of coercion, discrimination or violence.**

66. Some 70,000 adolescent girls in developing countries die annually of causes relating to pregnancy and childbirth. Pregnancy and childbirth are the leading cause of death among young women between 15 and 19 years of age in low-income and middle-income countries. Girls under 15 years of age are significantly more likely to die in childbirth than women over 20 years of age. They also have a higher risk of developing obstetric fistula. There are also significant health risks to children born to adolescent mothers, including stillbirth, newborn death and death before 1 year of age. Some 9 in 10 births to girls under 18 years of age occur within marriage. In addition to reducing the health risks associated with early pregnancy, increasing the age of marriage and delaying childbearing affords girls more time to pursue education and develop skills.

67. The expanding window between the onset of puberty and the age of first marriage may leave a growing number of unmarried young persons without access to much-needed sexual and reproductive health services. Health systems must adapt to ensure that services are accessible and appealing to adolescents and young people so that their needs can be met, irrespective of their marital status.

68. Most adolescents and youth do not yet have access to comprehensive sexuality education, notwithstanding repeated intergovernmental agreements to provide it, support from the United Nations system and considerable project-level experience in a wide range of countries and research showing its effectiveness. Such programmes provide both accurate information about and skills for personal growth and development; puberty; pregnancy and childbirth; contraception and prevention of HIV and AIDS and sexually transmitted infections; interpersonal relationships, human rights and gender equality; and non-discrimination and zero tolerance for violence and coercion. Evidence shows that such comprehensive sexuality education has positive impacts on the knowledge and health-related behaviour of adolescents and youth, in addition to their attitudes about gender equality and norms.

69. Most adolescents also increasingly face pressure towards other activities that threaten their lifelong health, including tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol or drugs, which can culminate in diabetes, heart disease and other major causes of premature death in adulthood. Other risk-taking that can result in injury or death, in addition to mental health problems, also tends to begin during adolescence and young adulthood. Increasingly, sexuality education experts and programmes are recognizing that programmes can be expanded to encompass these vital areas of learning, skills-building and decision-making.

70. **Governments should ensure equitable access to high-quality health information and services for young people, including sexual and reproductive health information and services, beginning at ages 10-14 years. The information provided should include attention to lifelong habits of good health and the social value of gender equality. Addressing the sexual and reproductive health of young people also requires action outside the health system to change social norms and create empowering community resources. Comprehensive sexuality education for in-school and out-of-school young people, consistent with their evolving capacities, is integral to the attainment of the goals and objectives of the International Conference on Population and Development. Governments should also promote healthy behaviour among children and adolescents, including by equipping them with the skills to resist tobacco use and other substance abuse and by promoting healthy eating and nutrition, movement and exercise and stress management and mental health care.**

Sexual and reproductive health and rights

71. The Programme of Action affirmed the right of all couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so, in addition to the right to attain the highest standard of sexual and reproductive health. In the area of sexual and reproductive health and rights, according to national responses to the global survey, less than two thirds of countries (63 per cent) have promulgated and enforced a law protecting the right to the highest attainable standard of physical and mental health,

including sexual and reproductive health. This percentage increases to 80 per cent in the case of Europe and remains around the world average for the remaining regions (Asia, 66 per cent; Oceania, 62 per cent; Americas, 58 per cent; Africa, 55 per cent).

72. The Programme of Action recognized that sexual and reproductive health services must be designed to meet multiple and overlapping health needs for each person. Furthermore, these services need to be available without coercion or discrimination on any grounds, irrespective of age, marital status or other circumstances. Among the sexual and reproductive health services most needed, especially by women and girls, are contraception; maternal health services throughout pregnancy, delivery and postpartum; safe abortion and treatment for the complications of unsafe abortion, including post-abortion care; prevention and treatment of sexually transmitted infections and HIV and AIDS; and prevention, timely detection and treatment of cancers of the female reproductive system.

73. **Efforts to strengthen health systems and to fulfil and protect sexual and reproductive health and rights should accord priority to and deliver this diverse mix of health services to meet the varied needs of individuals, especially women and adolescents, throughout the life course and should aim to improve the quality, accessibility and acceptability of such services, including through their effective integration.**

Contraception and unmet need for family planning

74. Progress notwithstanding, the ability to exercise reproductive rights is neither universal nor equitable. Contraceptive prevalence among married or in-union women rose globally from 58 per cent in 1994 to 64 per cent in 2012. Nevertheless, serious gaps continue to exist by wealth, age, marital status and other characteristics. It is estimated that more than 200 million women worldwide are not using modern contraception, even though they wish to delay or stop childbearing.

75. Global unmet need for modern methods of contraception among married or in-union women declined modestly from 21 per cent in 1994 to 19 per cent in 2012. A total of 90 per cent of women with unmet need live in developing countries, with the greatest unmet need among those in Africa. In 28 sub-Saharan African countries, less than 25 per cent of married or in-union women use a modern method of contraception, with unmet need for modern methods as high as 40 per cent or more. **Governments should take the measures necessary to provide a full range of safe, reliable and good-quality contraceptive services to meet these and other unmet needs, in particular among currently underserved and hard-to-reach populations, including adolescents and youth, free of discrimination and coercion. Governments should also ensure a full range of user-friendly family planning services that are safe, reliable and of good quality.**

76. High-quality family planning programmes require well-trained and supported personnel to ensure fully informed and free choice, based on life circumstances, about whether to use contraception and, if so, which method. Furthermore, a selection of methods with distinct features must be available, affordable and accessible. Over the past 20 years, the diversification of modern contraceptive methods has been considerable, with product innovations moving in the direction of making administration and removal easier, lowering doses and reducing side effects.

77. Given that method preferences and needs vary by individual and may shift during the life course, a range of distinct contraceptive method types is necessary. Moreover, adding method choices typically increases contraceptive prevalence overall. Nevertheless, many women live in countries in which contraceptive delivery and use is dominated by a single method. **A mix of contraceptive methods should be available and accessible to meet the diverse needs of individuals, so that they can choose the type of method that is best for their circumstances. Programme decisions about contraceptive method mix, in particular as regards contraceptive sterilization, intrauterine devices and hormonal implants, must be carefully considered in the light of the capacity of the health system and the skills of service providers in order to ensure the highest quality of clinical care. In addition, outreach strategies and communications content must be designed to facilitate free and informed decision-making about the use of contraception.**

Maternal health

78. Since 1994, the maternal mortality ratio has declined globally by 47 per cent, from 400 maternal deaths per 100,000 live births in 1990 to 210 in 2010. All regions have made progress, with the largest reductions in Eastern Asia (69 per cent), Northern Africa (66 per cent) and Southern Asia (64 per cent). An estimated 800 women in the world still die from pregnancy or childbirth-related complications every day, however, and the differences between developed and developing regions remain stark.

79. The overall progress masks notable socioeconomic and geographic inequalities. Most developing countries are not on track to attain the two targets of Millennium Development Goal 5 (to reduce the maternal mortality ratio by three quarters between 1990 and 2015 and achieve universal access to reproductive health by 2015). In no region is the gap more pronounced than in sub-Saharan Africa. The gains in maternal survival during the past two decades can be attributed, in part, to advances in the availability and use of antenatal care, skilled attendance at delivery, emergency obstetric care and increased use of contraception. **To eliminate preventable maternal mortality and morbidity, Governments should strengthen health systems, including by training midwives and other skilled providers, investing more in emergency obstetric care and delivering sexual and reproductive health services closer to where people live, especially in rural, remote and impoverished urban areas.**

Safe abortion, treatment for the complications of unsafe abortion and post-abortion care

80. The most recent estimates indicate that there were 43.8 million induced abortions worldwide in 2008 (27.3 million in Asia, 6.4 million in Africa and 4.4 million in Latin America). At the global level, the overall rate of abortions declined from 35 abortions per 1,000 women of reproductive age in 1995 to 28 in 2008. Nearly half (49 per cent) of abortions in 2008 were unsafe and accounted for almost 13 per cent of maternal deaths worldwide. Deaths from unsafe abortions remain high in Africa and Asia, but are largely preventable through effective use of contraception and provision of safe abortion services. **Governments should make every attempt to reduce the need for abortion by ensuring timely, confidential and affordable access to good-quality modern methods of contraception, including emergency contraception and male and female condoms, in addition**

to counselling to all persons in need, regardless of age and marital status, and should provide information about pregnancy and contraception through the health system, civil society groups, community outreach and school and youth programmes that foster gender-equitable values.

81. The global survey found that 50 per cent of countries had tackled the issue of providing access to safe abortion services to the extent of the law during the past five years. A larger proportion of countries (65 per cent) indicated that they had addressed the issue of preventing and managing the consequences of unsafe abortion. Significant gains have been made in reducing deaths stemming from unsafe abortion since 1994, most notably in countries that have used the technical and policy guidance for safe abortion from the World Health Organization and the guidelines for post-abortion care. Those countries have made changes in law and practice to tackle abortion as a public health concern, including through access to safe abortion and to post-abortion care and counselling. **Governments should urgently take specific measures to further reduce abortion-related complications and deaths by providing non-discriminatory post-abortion care that meets the World Health Organization guidelines. Governments are encouraged to remove legal barriers preventing women and adolescent girls from gaining access to safe abortion, including by revising restrictions within existing abortion laws, and, where legal, should ensure the availability of safe and good-quality abortion services in order to safeguard the lives of women and girls.**

Sexually transmitted infections

82. New cases of sexually transmitted infections increased by more than 10 per cent between 2005 and 2008, owing largely to a rise in trichomoniasis and gonorrhoea. The highest rates of sexually transmitted infections are generally found among urban men and women between 15 and 35 years of age, many of whom do not know about such infections and the harm that they cause. Surveillance systems are poor or do not exist in many countries. Although diagnostics and effective treatments exist for many sexually transmitted infections, they are prohibitively expensive or otherwise not suited for weak and underfunded health systems. Because sexually transmitted infections are more often symptomatic in men than in women, diagnostic screening and treatment for males can be a cost-effective means of controlling such infections in a population. **Governments should, as a matter of urgency, tackle the rising incidence of sexually transmitted infections by focusing on prevention, including through wider access to information and to male and female condoms, and on developing accurate, affordable and rapid diagnostic tests and treatment, in particular for use in low-resource and remote settings. Of particular importance for controlling sexually transmitted infections at the population level is diagnosis and treatment among men and boys. Governments should commit themselves to strengthening global surveillance of the incidence and prevalence of sexually transmitted infections.**

HIV and AIDS

83. Globally, new HIV infections have declined by 33 per cent from a high of 3.4 million per year in 2001 to 2.3 million in 2012. Declines in rates of new HIV infections among adults largely reflect a reduction in sexual transmission. Nevertheless, regional achievements in HIV prevention mask critical disparities within and between countries. While some countries are experiencing a slowing rate

of decline, new infections have risen in Eastern Europe and Central Asia in recent years and new infections continue to rise in the Middle East and Northern Africa. The effectiveness of prevention approaches has differed by region. Significant increases in the number of sexual partners and declines in condom use in some African countries are evidence of a need to catalyse HIV prevention efforts. **Governments and global health partners should address the stark disparities in the success of HIV prevention in different parts of the world and among different population groups, undertake research to understand the underlying causes of such disparities and share proven policy lessons to reduce HIV infections in high-incidence populations.**

84. In 2012, antiretroviral treatment reached 9.7 million people in low-income and middle-income countries, representing 34 per cent of treatment-eligible persons. While scaled-up efforts to prevent mother-to-child HIV transmission now reach 62 per cent of pregnant women living with HIV, there is great variation in coverage within and across countries. Among countries with generalized epidemics, 13 countries provide antiretroviral treatment to fewer than 50 per cent of women with HIV. Coverage for children needing antiretroviral treatment is only about half the level of adult coverage, with scaling-up efforts continuing to favour adults. **Governments are called upon to ensure universal access to HIV information, education and counselling services, including voluntary and confidential HIV testing, with a particular focus on young persons, vulnerable groups and persons at increased risk. Governments should, in the shortest time possible, commit themselves to extending universal access to antiretroviral therapy, with special emphasis on eliminating mother-to-child transmission of HIV, improving follow-up of HIV-exposed infants, improving the life expectancy and quality of life of HIV-positive mothers and all people living with HIV and AIDS and protecting the human rights of people living with HIV and AIDS by prohibiting all forms of stigma, discrimination or violence against them, including by holding perpetrators accountable.**

Cancers of the female reproductive system

85. More than half a million women each year develop cervical cancer, the second most common cancer among women of reproductive age globally, and more than 275,000 women die of cervical cancer every year, the great majority (242,000) in developing regions. While cervical cancer is preventable through regular screening by Pap smear or human papilloma virus test, in addition to early treatment of pre-cancerous lesions, these remain a substantial challenge for weak health systems. The human papilloma virus vaccine holds significant promise for curtailing cervical cancer. Breast cancer remains the most common cancer among women in high-income countries, currently affecting 70 per 100,000 women, where incidence is more than twice that in low-income countries. Because of poor access to diagnosis and treatment, however, mortality in the developing world is similar to that in developed countries. **Governments should recognize and tackle the growing burden of reproductive cancers, especially breast and cervical cancers, and the need for greater investments in prevention, routine screening at the primary care level and referrals to higher levels of care.**

Non-communicable diseases

86. In all regions except Africa, deaths from non-communicable diseases exceed those caused by maternal, perinatal, communicable and nutritional conditions combined. In developing countries, where communicable diseases continue to account for a sizable proportion of deaths, mortality relating to non-communicable diseases is occurring at earlier ages than in developed countries, taxing health systems with a double burden of communicable and non-communicable diseases. Cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are responsible for most deaths from non-communicable diseases, while mental health disorders also account for a substantial burden of disability. The growing burden of non-communicable diseases reflects population growth and ageing, in addition to significant changes in risk behaviours, including tobacco use, harmful use of alcohol, physical inactivity, poor nutrition and obesity. Recent intergovernmental agreements have emphasized the paramount importance of prevention in both national and international efforts to tackle non-communicable diseases. **Governments should promote health literacy at all ages, focusing on the prevention of non-communicable diseases, healthy eating and nutrition, stress management and mental health care, the risks of tobacco and other substance abuse and the benefits of physical activity and exercise.**

Health system strengthening

87. Decades of unprecedented medical advances and innovations in health care notwithstanding, stark inequalities persist in the accessibility and quality of health systems across and within countries. Sub-Saharan Africa and Southern Asia continue to have some of the least accessible and most fragile health systems, as measured by indicators such as health worker density, coverage of critical services, health information systems, commodity stock-outs and quality assurance. Within many middle-income and high-income countries, pockets of weak and poor health system coverage or low-quality services abound for particular areas or populations, such as for the poor, older persons, rural residents and residents of urban slums and uninsured or undocumented persons.

88. Further progress in the realization of health for all persons, and of sexual and reproductive health in particular, can be achieved only with sustained attention to strengthening the reach, affordability, comprehensiveness and quality of services and information delivered by health systems. **Governments, with the support of donors, should accord the highest priority to strengthening the structure, organization and management of health systems for all levels of health care, together with the development and maintenance of necessary infrastructure such as roads and clean water.**

89. There is a strong link between low health worker density and poor health outcomes, impeding progress towards achieving the Millennium Development Goals. Globally, health workforce shortages are estimated to number 7.2 million, with the most serious shortfalls in sub-Saharan Africa and Southern Asia. The global distribution of health workers is such that countries with the highest disease burdens typically have the fewest health workers per capita. Shortages are exacerbated by suboptimal spatial distribution within countries, with a greater proportion of health workers, especially the most highly skilled, concentrated in urban centres. **Governments, with their development partners, should review and improve**

policies and funding for training, recruiting and rewarding health-care workers, including sexual and reproductive health service providers, midwives and other skilled birth attendants; increase their numbers, strengthen their capacity and enable them to respond to changing health needs, with particular attention to equitable geographic distribution; and ensure a sustainable health workforce that is responsive to the changing needs of the population.

IV. Mobility and place

90. Place has both social and spatial dimensions. A secure place is essential to human development, just as human security — freedom from hunger, fear, violence and discrimination — is a precondition for the development and well-being of all persons. A secure place for people on the move is also essential, underscoring the importance of giving attention to international migration and to planning for rapidly growing cities that can integrate and support rural-urban migrants and the urban poor. The core international human rights instruments protect both rights relating to human security, through the right of everyone to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions and those relating to mobility, including a person's right to liberty of movement and freedom to choose his residence and the freedom to leave any country.

91. The scale of the human population living without a safe home underscores the urgent need to enhance global attention to human security. At the end of 2012, at least 10 million persons were stateless and some 45 million persons had been displaced within countries or across international borders. In addition, an estimated 863 million persons were living in slums, meaning that they lacked access to improved sources of water or sanitation, durable housing or secure tenure. Furthermore, millions of persons worldwide were homeless. **To tackle these challenges, Governments should abide by their international obligations and redouble their efforts to find durable solutions for displaced persons. Governments should also promote inclusive land use planning and linked urban and rural health systems and address the need for safe and secure housing.**

Internal migration

92. Whether people move within or across international borders, be it permanently, temporarily or cyclically, their underlying motivations remain the same: to improve their well-being and life circumstances, to seek employment, to form or maintain a family or to find security. While accurate estimates of internal migration are difficult to obtain, analysis of available data suggests that in 2005 more than three quarters of a billion people worldwide were living in their home countries but outside their region of birth. Increasingly, women are migrating on their own or as heads of households and principal wage earners. Migration tends to be selective, given that migrants from the poorer strata of rural society often lack the resources necessary to move. In situations of mass displacement owing to war, famine or natural disasters, however, entire populations are affected.

93. With most people moving for a variety of reasons, it is difficult to make a strict distinction between voluntary migration and forced displacement. Movement associated with natural disasters is often short-term and local, whereas displacement

as a result of political crises or conflict is more likely to be international and long-term. Movement, whether short-term or long-term, whether voluntary or involuntary, demands resources: resources that the poor are often lacking. **Governments should support people's right to move within their country as a means of improving their lives and adapting to changing social, economic, political and environmental conditions, should prevent and find lasting solutions for situations of forced displacement and should provide all internal migrants with equal opportunities and access to social protection.**

Urbanization

94. The world's urban areas are currently growing at a rate of more than 1.3 million people each week. Globally, most population growth will occur within urban areas over the coming 30 years. Since 2008, for the first time in history, more than half of the world's population has been living in urban areas. Urban settlements vary widely in size: more than 50 per cent of urban residents live in cities or towns with fewer than 500,000 inhabitants, 40 per cent of all urban-dwellers reside in cities with between 500,000 and 10 million inhabitants and about 10 per cent of the urban population is living in megacities with populations of more than 10 million. Between 1990 and 2010, 90 per cent of the growth in the urban population occurred in developing countries, where the population of urban-dwellers increased from 35 to 46 per cent of the total population. The world's urban areas are projected to gain 2.6 billion inhabitants by the middle of the century. Meanwhile, the rural population globally is projected to begin decreasing, with an expected 300 million fewer rural inhabitants in 2050 than today.

95. The sheer scale of urbanization in the coming decades creates unprecedented opportunities and challenges and requires innovative responses. The benefits of proximity, concentration and economies of scale in urban areas facilitate the delivery of basic health, welfare and education services, while maximizing energy and resource-use efficiency. Cities provide major economic advantages for work and entrepreneurship and similar advantages for social and political participation and empowerment. Nevertheless, the rise of urban inequality has also led to increased marginalization in cities, including through the expansion of urban slums, has exacerbated urban sprawl and has limited the ability of Governments to ensure the safety of urban residents. As cities grow, urban management, including traffic, service provision and housing, is increasingly under strain. The poorest residents are often the most heavily affected. Whether urbanization will meet the needs and aspirations of urbanizing populations, in particular the poor, greatly depends on the policy choices that Governments make regarding urban population growth, land use, housing, service delivery and infrastructure. **Governments should capitalize on the opportunities that urbanization provides for inclusive and sustainable development by extending the full set of potential benefits of urban life to all current and future urban residents, especially the urban poor, through ensuring access to land and essential services, including affordable housing, water, sanitation and transportation, with particular attention to matters of security and safety.**

Homelessness and internal displacement

96. Millions of people around the world go to sleep every night without a roof over their head or without assurance that they will have one the next day. One of the

most basic of needs — a foundational aspect of human dignity — is having land and housing security. People without a secure place of residence and adequate registration are often unable to gain access to basic services or decent work, which contributes to their precarious living conditions and increases their risk of being exploited and abused. Insecurity of place, therefore, is a threat to human dignity and leads to a disproportionate risk of exposure to violence, poverty and adverse health outcomes. As new approaches to tackling insecurity of place, including forced evictions, are being developed, there is a need to improve data collection on homelessness, to address its causes and to provide social protection to those affected. **Greater public policy attention should be paid to those without security of place, including those displaced by conflict or natural disasters, stateless persons, those living in areas of conflict or in temporary or insecure housing and the homeless.**

97. Although most countries allow property ownership and many do not legally differentiate between men and women, in practice women are often denied the right of access to land and property ownership. Where they do not have or are unable to exercise a right to own land, women are at heightened risk of eviction following widowhood. Furthermore, given that access to formal credit often depends on the possession of assets, borrowers who do not own resources are at a disadvantage, limiting their economic opportunity. Lack of, or disputes over, property rights also undermines the process of return migration following displacement. **Governments should ensure that women have equal access to security of tenure, to owning land and other property and to inheritance, as well as to credit, capital and markets.**

International migration

98. The estimated number of international migrants in the world increased from 154 million in 1990 to 232 million in 2013. Today, there is as much international migration between developing countries as there is from developing countries to developed countries. The increase in mobility and the diversification of migration patterns mean that many countries are now concurrently countries of origin, transit and destination. Today's migrants come from a broad spectrum of cultural, economic and social backgrounds. Approximately half of all international migrants are women, who increasingly migrate on their own or as heads of households. Given that women often live longer than men, they tend to be overrepresented among older migrant populations. The call for increased international, regional and bilateral cooperation in the field of international migration, made at the International Conference on Population and Development in 1994, remains relevant today, given the continuing need to promote and protect the human rights and fundamental freedoms of international migrants regardless of their migration status. **Governments should increase international, regional and bilateral cooperation with a comprehensive and balanced approach to ensure orderly, regular and safe processes of migration and promote policies that foster the integration and reintegration of migrants and ensure the portability of acquired benefits.**

99. Recorded financial transfers in the form of remittances, sent by migrants to their family members in low-income and middle-income countries, reached $401 billion in 2012. Remittances are often invested in health and education and thus contribute to the achievement of internationally agreed development goals.

100. Migration is a key enabler for social and economic development in countries of origin and destination. It is also important for the human development of migrants and their families, enlarging their capabilities, opportunities and choices. Migrants are also important for the transmission of what are known as "social remittances", including the transfer of new ideas, information and technology. There are, however, also social costs relating to migration, including for children and older persons who remain in countries of origin, in addition to the challenge of the brain drain. The migration of highly educated or skilled segments of the population can have a negative impact on development, especially in small developing countries. In destination countries, the skills of migrants are often underutilized owing to difficulties in obtaining legal documentation and recognition for qualifications acquired abroad. **Governments should embrace the contributions that migrants and migration make to countries of origin and destination, take on the challenges associated with migration and improve data collection and dissemination on the contributions of migration and migrants.**

101. As the number of international migrants continues to rise, destination countries are confronted with the challenge of promoting their social, political and economic integration. Integration is often best achieved at a young age, underscoring the importance of education, services and full participation for young migrants in host societies. Racism and xenophobia, fuelled by the global economic crisis, have strained relations between migrant and non-migrant communities in a number of countries. **Governments should promote and effectively protect the human rights and fundamental freedoms of all migrants, regardless of their migration status. Governments should also provide social protection to all migrants, combat discrimination, hatred and other crimes perpetrated against migrants, safeguard their physical integrity and dignity and the exercise of their beliefs and cultural values in conformity with human rights principles.**

Refugees

102. The number of refugees worldwide, which peaked in 1992 at almost 18 million, was 15 million people in 2012. The countries whence the largest numbers of refugees originated in 2012, as reported by the Office of the United Nations High Commissioner for Refugees, include Afghanistan (2.6 million), Somalia (1.1 million) and Iraq (750,000). The three main developing countries hosting refugees were Pakistan (1.6 million), the Islamic Republic of Iran (870,000) and Kenya (565,000). Jordan and Lebanon have been particularly affected by the recent influx of refugees from the Syrian Arab Republic.

103. In 2012, more than 8 in every 10 refugees in the world lived in the developing regions. Western Asia, in particular, is bearing a disproportional responsibility in hosting refugees, including some 5 million refugees under the care of the United Nations Relief and Works Agency for Palestine Refugees in the Near East. In relation to their national capacity, Pakistan, followed by Ethiopia and Kenya, shouldered the highest refugee burden in 2012.

104. Refugees experience many of the same vulnerabilities as internally displaced persons, including the double vulnerability of displacement and loss of livelihoods in points of settlement. Given that refugees face persecution and lack protection from their own State, countries of destination have a responsibility to provide asylum and assistance in order to ensure the basic human rights and dignity of

refugees. The continued presence of large, protracted refugee situations is a stark reminder of the need for the international community to redouble its efforts to provide durable solutions to the plight of refugees. **Governments, supported by the international community, should strengthen their protection of and assistance to refugees through the granting of temporary asylum and the provision of food, shelter, health, education and social services, in addition to promoting their local integration, voluntary repatriation or resettlement in third countries.**

V. Governance and accountability

105. As a cornerstone of good governance, accountability requires national leadership, effective State institutions and enabling laws, policies, institutions and procedures for the free, active, informed and meaningful participation of people without discrimination. Accountability represents a shift from needs to rights, to which all individuals are entitled. This shift has the potential to transform power relations between men and women, service providers and users and Governments and citizens. The International Conference on Population and Development generated momentum in the creation and renewal of institutions, in particular those dealing with population and sustainable development, the needs of adolescents and youth and women's empowerment and gender equality. Critical to effective governance are data and information systems, yet many existing data remain underutilized and are not adequately brought to bear on development planning, budgeting or evaluation. The past 20 years have seen a measureable increase in the formal participation of intended beneficiaries in the planning and evaluation of investments relating to the International Conference on Population and Development, through recognition and integration of wide networks of civil society and non-governmental organizations.

Integrating population dynamics into development planning

106. Population data document how the characteristics of people affect the potential for development, how they interact with their environment, where they are living or moving, whether they are well or living with fear and insecurity and what social protections and public services they may need. Population dynamics today reflect the world's dramatic demographic disparities and varied trends: rising numbers of older persons worldwide, especially in Europe and parts of Latin America and Asia; young populations and continued high fertility in Africa; and the changing nature of households in many regions, with increasing proportions of one-person and single-parent households. The capacity to monitor and project changing population dynamics and evolving demographic age structures must be a core investment for development, informing the response of Governments to where and how best to invest development resources and protect human rights and dignity. **Governments should integrate population dynamics into the planning and implementation of development initiatives within all sectors, at both the national and subnational levels, creating or strengthening institutions for this purpose if necessary. Governments should also commit themselves to gathering, analysing and disseminating data on population, disaggregated by key characteristics relevant to development, in order to monitor progress, fill gaps in implementation and ensure public accountability.**

Strengthening the knowledge sector

107. Considerable weaknesses exist in the knowledge sector relating to population and development in countries of the global South, including incomplete or unreliable data from civil registration, sample surveys and censuses, limited use of innovations such as geographic information systems and, more generally, an underdeveloped capacity for using data for development. There is a pressing need to strengthen capacity in demographic studies and related social sciences and to improve productive linkages between population and health researchers and development planners and policymakers, allowing population data to foster knowledge-driven governance at the national and subnational levels.

108. Since 1994, new institutions relating to the objectives of the International Conference on Population and Development have been created, in particular in the areas of population dynamics and sustainable development, gender equality and women's empowerment and adolescents and youth. New types of data have begun to be collected and new methodologies and technologies have been adopted for the collection of conventional data. While there is significant potential yet to be realized, in particular with regard to upgrading systems of data collection, processing and dissemination for greater efficiencies and cost savings, progress in many countries has not yet been sufficient to foster effective knowledge-driven governance and development planning and strategies. **Governments must urgently strengthen their leadership in overall planning for the knowledge sector, including resource allocation and investments in human resources.**

109. Pressing needs in the knowledge sector include increasing the number and quality of human resources, strengthening civil registration and other administrative data sources and migration statistics, integrating new methods and technologies, circulating and disseminating data and democratizing data use and ensuring that population data inform policy decisions. A shift should be made from dependence on survey data to a balanced use of all relevant data sources, including civil registration and other administrative data sources. **Governments and international institutions should strengthen efforts to improve data availability, quality and accessibility and also place more population, health and development data in the public domain in order to facilitate sharing and use of knowledge. Governments should strengthen national and civil society capacity to use national and subnational data for planning and accountability. Governments should spearhead the introduction of social architecture that makes data and knowledge accessible to all persons so that they can form the basis of public debate and policy across and between all sectors of society without exclusion**.

Systematic and inclusive participation

110. The responsibility for ensuring the dignity and rights of the individual, which are cornerstones of sustainable development, lies with Governments, in addition to institutions that operate at the local, national, regional and international levels. All people — men and women, from youth to old age, as individuals and as members of diverse communities — need to be free and able to participate socially, politically and economically in the discourse and activities surrounding development and to monitor government actions. It is essential that women and youth in particular be able to participate in the formulation, implementation and monitoring of public policies, including through elected positions in parliaments or other assemblies at

various levels of government, and that women have opportunities to serve in legal institutions as lawyers and judges.

111. Since the International Conference on Population and Development, several countries have established separate chambers with female judges for adjudicating cases of violence against women. When law enforcement positions are open to women, they can play significant community roles and serve as focal points for women facing abuse. **Governments should guarantee and facilitate the active participation of all people, including through non-governmental actors, in the development, implementation, monitoring and evaluation of policies and programmes and in the high-quality delivery of basic social and health services to all. Representatives of those living in poverty, of groups who frequently experience discrimination, exclusion or marginalization and of other intended beneficiaries of development programmes should be intentionally included and empowered. Institutions, including international organizations, should devise mechanisms to enable such groups to be part of the development, implementation, monitoring and evaluation of policies and programmes.**

Building better accountability systems

112. Multilateral collaboration and effective partnership-building have proved essential for the implementation of the Programme of Action and are critical to ensuring effective global development processes. At the national level, attention has moved towards building broad-based partnerships for governance. Internationally, multilateral, regional, South-South and triangular cooperation have become critical mechanisms for convening global actors and Governments, developing effective and harmonized global leadership and transmitting best practices between countries facing similar population and development challenges. Nevertheless, effective cooperation must be grounded in principles of coherence and accountability to ensure that development aid and new global partnerships harness development potential, rather than increasing fragmentation and duplicating efforts.

113. As a cornerstone of good governance, systems of accountability provide a foundation for realizing rights-based development objectives, ensure that high-quality data and knowledge are accessible to the public and to all decision makers and create enabling environments that allow all citizens, their informed representatives and civil society actors to exercise a check on the actions of Governments and other key actors and public authorities. National and international law, administrative practices and protection systems are needed to ensure equal access to programmes and high-quality services, prevent abuses, deal with systemic gaps and failures and provide opportunities for redress and remedy. **Governments should ensure effective mechanisms of review and oversight of government administration, including national human rights protections systems, courts, administrative review bodies, standing parliamentary procedures and forums for community participation.**

VI. Sustainability

114. The current development paradigm is predicated on a social and economic model that favours the production, accumulation and consumption of goods and services in ever-greater amounts. While increasing consumption is critical for

improving the well-being of the poor, at high income levels the benefits of further consumption increases are far more limited. While global population growth is slowing, levels of production and consumption have risen and are expected to continue to rise as long as natural resources can sustain them. Ever-rising levels of consumption by the wealthiest, coupled with a rapid expansion in the number of persons with sufficient resources to consume at levels that adversely affect the environment, threaten to destabilize essential environmental systems, in particular those relating to climate.

115. The risks of ignoring the planet's environmental constraints in pursuit of ever-rising production and consumption levels are becoming more apparent. Some experts have suggested that human activities have already surpassed or will soon surpass ecological thresholds with regard to critical Earth systems and natural cycles. Among the most urgent concerns are threats to biodiversity, the nitrogen cycle and climate change, with other serious concerns including degradation of land and soils, excess production of phosphorus, depletion of stratospheric ozone, ocean acidification, depletion and degradation of freshwater resources, changes in land use and land cover and air and chemical pollution. **A fundamental change to more sustainable patterns of production and consumption is required to slow the depletion and degradation of natural resources, to refocus development aspirations on achieving human rights and dignity for all and to enrich and sustain prospects for economic and social well-being for all future generations.**

116. Technology has historically been relied upon to relieve natural resource constraints and environmental impacts. Technological progress can and should contribute to efforts aimed at reconciling economic growth, consumption and environmental resources. While some technologies are proven and being deployed widely, innovation to develop new technologies will be critical to achieving the ambitious reductions in environmental impacts that will be required in coming decades. Improvements in both energy efficiency and conservation are necessary for a sustainable future. **Governments should remove all barriers to sustainability through increased use of clean technology and innovation and should promote and develop sustainable production and consumption patterns through research into clean technologies and technical cooperation between countries and regions, including mutually agreed sharing of all relevant technologies.**

117. Change in consumption begins at the societal level. Governments should ensure the provision of efficient basic public infrastructure and services, including clean water, a strong, functioning public health system that is accessible to all, universal public education, energy-efficient public transport systems, regulated and reliable utilities and affordable housing. Similarly, Governments should ensure the provision of incentives to facilitate a transition to greener production systems while reducing subsidies for non-renewable energies. The provision of such services and incentives can contribute to reducing overall consumption and to achieving dignity, opportunity and changes in individual behaviour. **Governments can influence the trajectory of consumption while enhancing dignity and social sustainability by investing in universal public services that ensure that the fruits of development are distributed to all, without discrimination.**

118. Individuals also bear responsibility for changing consumption patterns. While the poor have little or no choice regarding consumption, and indeed consume comparatively little, they bear most of the environmental costs of industrial waste

and by-products, in addition to the current and future impacts of climate change. At higher incomes, people have significant choices and too often choose unsustainable consumption behaviour.

Interlinkages between population and the environment

119. An inaccuracy often made in discussing demographics and climate change or other environmental impacts is to equate one population unit with one consumption unit and to assume that fertility decline in poor, high-fertility countries is the primary solution to the environmental quandary. One study indicated that only 35 per cent of the global population — some 2.5 billion people — have consumption profiles that contribute even minimally to global emissions. Of this total, less than 1 billion people consume enough to have a significant impact on emissions and an even smaller minority is responsible for an overwhelming share of the damage.

120. While an immediate stabilization of population size would improve the situation in the long term, it would have a limited impact on the global ecological predicament in the short term. With few exceptions, countries displaying higher rates and levels of consumption have fertility levels that are already low or below replacement. On the other hand, higher-fertility countries tend to be mired in poverty and have low levels of consumption. Poor countries and their populations have the right to development and to improve their living standards, a feat that requires economic growth. Economic growth brings increases in consumption; unless this increase happens in a radically different manner than has been the case for wealthier countries, it will have a further adverse impact on the environment and undermine sustainability. A paradigm shift is required that recognizes that well-being is not and must not be based solely on increasing consumption. **A collective shift should be made towards well-being derived from modes of living and livelihoods that are more equitable and have less impact on the environment, with a focus on innovation and more effective collective action on global challenges.**

VII. Financing the Programme of Action

121. At the International Conference on Population and Development in 1994, the international community agreed that $17.0 billion would be needed in 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015 to finance the following four core programmes in the area of population and development: family planning; basic reproductive health; prevention of sexually transmitted diseases, including HIV/AIDS; and programmes that address the collection, analysis and dissemination of population data. Two thirds of the required amount would be mobilized by developing countries themselves and one third would come from the international community.

122. The period immediately after the Conference saw a significant increase in the flow of financial resources for such population activities. In 1995, assistance stood at $2 billion. The momentum generated did not last, however, and the level of funding hovered around $2 billion per annum for a few years. Partly owing to advocacy efforts as a result of the five-year review of the Programme of Action, assistance increased to almost $2.6 billion in 2000 and reached $3.2 billion in 2002.

Subsequently, it began to increase at a more rapid pace, reaching $7.3 billion in 2005 and $10.5 billion in 2008. Thereafter, the funding level increased much more slowly, in part owing to the lingering effects of the global financial crisis. Assistance stood at $11.4 billion in 2011, nearly $9 billion short of the level agreed upon in 1994.

123. Although funding for population activities has been rising, it has not been meeting the growing needs in developing countries. In 2009, to ensure adequate funding for the components of the Programme of Action, the United Nations Population Fund reviewed the existing estimates for the four categories of the costed population package and revised them to reflect current needs and costs. The revised estimate for 2010 was $64.7 billion, which was expected to rise to $69.8 billion by 2015. The revised estimates were much higher than the original estimates agreed upon in 1994 because they took into account both current needs and current costs and because they included interventions such as AIDS treatment and care and screening and treatment for reproductive cancers that were not part of the original costed population package. The revised costs are considered minimum estimates to meet growing needs in the four categories. Further revisions may now be warranted on the basis of the findings of the operational review.

124. The largest proportion of population assistance — 66 per cent in 2011 — went to activities relating to prevention of sexually transmitted infections, HIV and AIDS, most of which was allocated to HIV/AIDS. A total of 8 per cent of population assistance was expended for family planning services, 22 per cent for basic reproductive health services and 4 per cent for basic research, data and population and development policy analysis. Over the years, the percentage of funding for sexually transmitted infections, HIV and AIDS increased from 9 per cent of total population assistance in 1995 to a high of 75 per cent in 2007. During the same period, the share of assistance decreased significantly for the other three costed components: it decreased from 55 to 5 per cent for family planning services, from '8 to 17 per cent for basic reproductive health services and from 18 to 3 per cent for basic research, data and policy analysis. In absolute terms, funding for family planning services, which had plummeted to $393.5 million in 2006, began to increase, reaching a new high of $992.5 million in 2011. Funding for basic reproductive health services decreased in 2011 both in absolute terms and as a percentage of the total.

125. Domestically generated financial resources, which include government, national non-governmental organization and private out-of-pocket expenditure, account for most of funding for the costed components of the Programme of Action. Although much harder to measure, it is estimated that developing countries and countries in transition mobilized $55 billion for population activities in 2011, the largest amount ever. The considerable increase from previous years is due in part to the large expenditure reported for family planning in China, but the latest numbers may not be entirely comparable to past estimates owing to the inclusion of new data on out-of-pocket expenditure from the World Health Organization.

126. The global figure for domestic expenditure reflects the commitment of developing countries, regardless of the amount mobilized, and masks significant variations among countries in their ability to mobilize resources for population activities. Most domestic resources originate in a few large countries. Many developing countries, especially the least developed countries, are unable to

generate the resources necessary to finance their own population and development programmes, relying to a large extent on donor assistance.

127. As the international community moves beyond the original 20-year timeline for the Programme of Action, there is an urgent need for it:

(a) **To recommit itself to mobilizing adequate resources to fully implement the International Conference on Population and Development agenda and to undertake a revised costing based on the findings of the review;**

(b) **To strengthen collaboration and coordinate donor financing policies and planning procedures to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible;**

(c) **To increase the role of the private sector in the mobilization of resources for population and development;**

(d) **To monitor population expenditure and ensure that financial targets are met.**

VIII. International Conference on Population and Development beyond 2014

Monitoring framework

128. The review of the 20 years of implementation of the Programme of Action reveals a need for a more systematic approach to monitoring progress and achievements with regard to the goals set forth therein. In the two decades since 1994, many efforts have been made to develop ways to measure the extent of human rights protection and progress towards gender equality and women's empowerment, appraise the quality and quantity of sexual and reproductive health services and design indicators for other dimensions of human development, such as those to measure progress towards the Millennium Development Goals.

129. The operational review of the International Conference on Population and Development beyond 2014 included initial work to develop a monitoring framework, work that will continue as Member States design the post-2015 global development agenda. The proposed framework will provide readily available input for any monitoring of population and development under the new agenda. It will also provide a basis for national and global reporting on progress, including reporting against commitments relating to the International Conference on Population and Development in treaty bodies and in the intergovernmental bodies of the United Nations, and will enhance the review and appraisal of the implementation of the Programme of Action.

International Conference on Population and Development beyond 2014 in relation to the post-2015 development agenda

130. The imperative of the post-2015 development agenda is to bring social, economic and environmental aspects of sustainable development together within one set of global aspirations. The findings and conclusions of the operational review of the status of implementation of the Programme of Action provide an illustrative road map for integrating these often-disparate aims. Evidence from the past 20 years

overwhelmingly supports the consensus of the International Conference on Population and Development that the respect, protection, promotion and fulfilment of human rights are necessary preconditions to improving the dignity and well-being of people and to empowering them to exercise their reproductive rights and that sexual and reproductive health and rights, and an understanding of the implications of population dynamics, are critical foundations for sustainable development. In addition, safeguarding the rights of young people and investing in their high-quality education, decent employment opportunities, effective livelihood skills and access to sexual and reproductive health and comprehensive sexuality education strengthen young people's resilience and create the conditions under which they can achieve their full potential. Building a world that ensures the dignity of people therefore creates a solid foundation for the achievement of the global collective goal of sustainable development. By updating and advancing the rights-based agenda laid out in the Programme of Action, Governments can achieve the goals set forth in 1994, while building a stronger foundation for integrated and sustainable development into the future.

Follow-up action

131. Effective collective action on the global challenges outlined in the framework, on the basis of the findings of the review, will require the leadership of the General Assembly, in cooperation with the governing bodies of the organizations of the United Nations system, in undertaking a review of the existing institutional and governance mechanisms for tackling global issues with a view to ensuring effective coordination, integration and coherence at the national, regional and global levels consistent with the scale of the comprehensive response required to ensure rights-based sustainable development.

132. The General Assembly, at its special session on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014, has the defining opportunity to act on the findings and recommendations on the operational review for the further implementation of the Programme of Action beyond 2014. The Assembly is invited to consider ways to integrate the findings and recommendations of the review into the initial consideration of the post-2015 development agenda and into the preparations for the special session, in order to fully extend the principles of equality, dignity and rights to future generations and ensure sustainable development.